

## Community Integrated Care

# Kemp Lodge Care Home

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on 12 December 2018 and was unannounced.

Kemp Lodge is registered to provide nursing and personal care for up to 38 people. At the time of the inspection there were 20 people living at the service. The registered provider had recently applied to CQC to remove the location and the service was due to close in February 2019. At the time of our inspection, a large proportion of people had already left the service or were in the process of moving to alternative accommodation.

Kemp Lodge is a purpose built single story building consisting of three units and provides care to adults with nursing and personal care needs. The service is set in pleasant grounds in a residential suburb of Liverpool.

Kemp Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection an assistant service manager was in post. This was because the registered manager had transferred to another service. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the previous comprehensive inspection which took place in December 2017, the service was rated as 'Requires Improvement.' We found the registered provider was not meeting legal requirements in relation to 'Safe, care and treatment' and 'Good governance.'

At this inspection, we found the service continued to be in breach of 'Safe, care and treatment' and 'Good governance' which are breaches of Regulation 12 and 17 of the Health and Social Care Act (Regulated Activities Regulations) 2014. This was because systems in place to manage topical medication, thickening agent and PRN medication (as and when required medication) were not being properly managed and systems to manage the quality and safety of the service were not always effective. We also identified a breach of Regulation 13 in relation to the management of safeguarding incidents.

We found that topical medicines were not always administered to people as prescribed. Topical medicines are medicines which are usually applied to the skin such as creams, gels and ointments.

We also found that the use of thickener in fluids was not recorded on people's fluid input charts. Thickener is a prescribed product and is used to reduce the risk of choking for people with swallowing difficulties. This placed people at risk as records did not indicate the quantity of thickener people had received in their fluids.

We looked at the management of PRN medication. We found that for some people who were on PRN medication (such as pain relief), there was not always sufficient information recorded in their PRN protocols. This meant that people were at risk of not receiving medication when needed and in line with best practice.

We looked at daily charts and records and found that they had not been completed as rigorously as they should. Support was not being provided and did not follow guidance detailed in people's plans of care. This meant that people were not receiving the care and support they required.

We looked at safeguarding records and found that the service did not always appropriately identify safeguarding concerns and notify CQC accordingly. This meant people were exposed to the risk of actual or potential harm.

We looked at systems to manage the quality and safety of the service and found they were not always effective. Although we saw evidence that the service carried out regular audits and had identified issues, it was not always recorded as to what action had been taken and by who. In some instances, action plans had not been implemented to say what actions would be completed and when. For example, some of the medication audits we looked at had highlighted issues but it was not clear from the audits as to whether action to address those issues had been undertaken. Audits had not always highlighted concerns we found during our inspection.

You can see what action we asked the provider to take at the back of the full version of this report.

Most people we spoke with and their relatives told us they felt safe living at Kemp Lodge. Staff understood their responsibilities in relation to safeguarding people from abuse and mistreatment and were able to explain how they would report any concerns. However, safeguarding concerns which had arisen in the service had not always been notified to CQC.

Arrangements were in place with external contractors to ensure the premises were kept safe.

We looked at how accidents and incidents were reported in the service and found they were managed appropriately.

We looked at recruitment processes which were in place. We reviewed personnel records for four members of staff. We saw that each staff member's suitability to work at the service had been checked prior to employment to ensure that staff were suitable to work with vulnerable people.

We looked at care records belonging to four people. We saw that people's care requirements were identified and people were appropriately referred to external health professionals when required. This helped to maintain people's health and well-being.

People and their relatives were involved in the formulation of their care plans. We saw that people's preferences were considered. Staff supported people in a person-centred and dignified way.

Staff sought consent from people before providing support. Staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) to ensure people consented to the care they received. The MCA is legislation which protects the rights of people to make their own decisions. We noted that the service did not always carry out assessments when assessing people's capacity to make specific decisions and that assessments focused on people's general ability to consent. We discussed this with the assistant service manager.

We found there were enough staff on duty to meet people's needs. Interactions we observed between staff and people living at the service were caring. Staff treated people with respect and took care to maintain people's privacy and independence.

There was an open visiting policy for friends and family. For people who did not have anyone to represent them, the service supported them in finding an independent advocacy service to ensure that their views and wishes were considered.

The service used an external catering company to provide all meals. Staff we spoke to were knowledgeable about people's dietary requirements. People told us they could have an alternative of their choice if they did not like what was on the menu.

The service had a complaints procedure in place. Relatives told us they felt comfortable in raising any concerns or issues they had with the manager. Complaints were recorded and acted upon appropriately.

We found the environment to be clean and spacious, this made it easy for people to navigate around.

People could decorate their own room for example, by bringing in items of their own furniture or bedding.

Feedback about the current manager of the service was positive.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Medicines were not always managed and administered safely.

The service did not always identify, refer and report safeguarding issues to Care Quality Commission (CQC) in accordance with our statutory notifications.

Checks were in place to ensure the premises were safe.

Staff were recruited safely.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

We found that Deprivation of Liberty Safeguards applications but the service did not always assess people in accordance with the principles of the Mental Capacity Act 2005.

Advice from external health professionals was recorded appropriately in people's care records.

Staff were supported in their role through training and regular supervisions.

Staff were knowledgeable about people's dietary requirements and preferences.

### Is the service caring?

**Good** ●

The service was caring and compassionate.

We observed people's privacy and dignity being respected during our inspection.

Family and friends could visit when they chose.

### Is the service responsive?

**Good** ●

The service was responsive.

Staff were knowledgeable regarding people's care needs and preferences.

The service promoted the delivery of individualised and person-centred care which promoted people's independence.

Systems were in place to gather feedback from people and listen to their views.

### **Is the service well-led?**

This service was not always well led.

The service completed a range of audits in relation to quality and safety, but they had not always been effective in identifying concerns.

Feedback regarding the current management of the service was positive.

**Requires Improvement** 

# Kemp 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 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.

The inspection took place on 12 December 2018 and was unannounced. The inspection was conducted by two adult social care inspectors.

Before the inspection we reviewed the information we held about both the service and the service provider. We looked at any statutory notifications received and reviewed any other information we held prior to visiting. A statutory notification is information about significant events which the service is required to send us by law. A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also invited the local authority commissioners to provide us with any information they held about the service. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the assistant service manager, three members of care staff, three people who lived at the service and two relatives to help gain a better understanding about their relative's experience of care at Kemp Lodge.

Due to their health conditions, most people living at the service were unable to speak with us so we undertook general observations of the service and the care people received.

We looked at care records belonging to four of the people living at the home, four staff recruitment files, a sample of medication administration records, policies and procedures and other documents relevant to the management of the service.

We also undertook general observations of the service over the course of our inspection.

# Is the service safe?

## Our findings

At the last inspection in December 2017 the service was rated 'Requires Improvement' in this domain and in breach of 'Safe care and treatment' which was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities Regulations) 2014.

This was because people's care records contained inconsistent information and were not maintained to reflect the current health needs of the person and people had not received their topical medication as prescribed. During this inspection we found that improvement in these areas was still required.

We looked at TMARs (topical medical administration charts) and saw that people had not always received their creams prescribed. For example, some people had been prescribed cream three times per day but were only receiving this once or not at all. This suggested that people were not receiving the support and care they required.

We also found there was insufficient person-centred information within people's PRN medicine protocols. This meant that staff did not always have access to information about when it was appropriate to administer people their medication. For example, it was not clear if some people were able to vocalise their need for pain killers or whether they expressed pain in a non-verbal way. We also saw that for some sedative medications, there was no guidance for staff on how to implement distraction techniques or alternative non-chemical therapies to avoid the necessity of giving the medication in the first place. For one person, a community mental health nurse had recommended the use of distraction strategies to minimise the use of sedation, but there was no evidence in their care plan to suggest that staff were following such guidance. This meant that people were not always receiving their medication in a safe and proper way.

We looked at how thickening agent was managed and found that its use was not always recorded appropriately. Although staff we spoke with were aware of how much thickener to add to people's fluids, the use of thickener was not being recorded on people's fluid input charts. This meant that people were at risk of receiving fluids which were not at the correct consistency. This is important as thickening agent is prescribed for people with swallowing difficulties to prevent them from choking.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at safeguarding records for events which had occurred in the service. We found that the service had not always identified issues and concerns as a safeguarding matter and had not notified CQC. This is important as the registered provider has a legal responsibility to have robust procedures and processes to in place keep people safe from the risk of abuse and neglect. This meant that people were at risk of situations where harm had occurred or where there was a risk of harm occurring.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



We spoke to care staff and found they had an understanding of how to safeguard people from abuse, maltreatment and neglect. Training records showed that staff had received training in this area and staff we spoke with were aware of the procedures in place to follow regarding any suspicion of abuse.

We found that medicines were stored safely. Medicines were stored in a locked clinic room which was kept clean and tidy. The temperature of the room and medication fridge were recorded daily to ensure they were within a safe limit. This is important as if medication is not stored at the correct temperature it may not work as effectively.

We looked at how controlled drugs were managed and found they were handled appropriately. Controlled drugs are subject to the Misuse of Drugs Act and so require extra checks. We found that controlled drugs had been signed out for administration appropriately in the controlled drugs register. We checked the balance of six controlled drugs and found them to be correct.

A medicine policy was in place to advise staff on the provider's medication policy procedures. Nationally recognized best guidance on the administration of medication was also available.

Not everyone was able to communicate their views so we spoke to relatives of people. Feedback was mixed. Some told us they felt their relative was safe living at the service, comments included, "Yes, I think [relative] is safe here," "I don't always feel there are enough staff around" and "I worry when I'm leaving [relative] that they are completely safe."

We looked at how the service was staffed. We looked at staffing rotas for the past four weeks and found there were enough staff to meet people's needs. On some occasions the service used agency staff, the manager told us they requested staff who had visited the service previously. This helped to provide continuity of care and meant that agency staff were familiar to people and their needs. A member of staff told us, "It's the continuity for the residents when we've had agency staff. Sometimes it means I can't do what I want to do with the residents. It's been better the last couple of months. Everyone has pulled together."

We looked at how staff were recruited within the service. We looked at four staff personnel records and saw that appropriate checks had been carried out to ensure they were safe to work with vulnerable people. We also saw that previous employer references had been obtained prior to employment and criminal conviction checks had been made. Systems were in place to ensure qualified nursing staff were validated with The Nursing and Midwifery Council (NMC). The NMC is the professional regulatory organisation for nurses and midwives in the UK.

We looked at four care files which showed evidence of a wide range of risk assessments and tools used to help keep people safe. Care files included individual risk assessments for areas such as moving and handling, falls, choking, behavioural and nutritional risks. We found that not all assessments were regularly reviewed to help ensure that people were kept safe and risks to people were kept to a minimum. For one person, their Malnutrition Universal Screening Tool (MUST) document had been reviewed 6 months post the due date. MUST is a five-step screening tool to identify adults who are malnourished or at risk of malnutrition or obese. We also noted that not all members of staff had signed to confirm they had read and understood people's plan of care. We spoke with the manager about our findings.

Staff had access to personal protective equipment (PPE). This is equipment used to help reduce the spread of infection. Regular audits were carried out in relation to infection control measures and any issues of concern were identified and acted on. The service employed domestic staff to oversee cleaning. We saw that

the service had recently been assessed by an external assessor and had achieved a high score. We saw from our own observations that the service appeared to be clean and hygienic.

We looked at systems in place for monitoring environmental risk in the home. Firefighting equipment was maintained and people had a personal emergency evacuation plan (PEEP) in place. PEEPs ensure that both staff and emergency personnel have important information on people's needs and the support they required to evacuate in the event of an emergency. We noted that PEEPs contained insufficient detail and guidance about emergency meetings points. Guidance instructed staff to move people to 'a place of safety.' This meant it was not clear where people should be moved to in an emergency. We fed this back to the assistant service manager.

External contracts were in place for gas, electric, fire safety and legionella. Records also confirmed that gas and electric appliances had been tested and were compliant. Additional checks and audits were completed such as water temperature, automatic door closure devices, fire alarms, fire extinguishers, call bells and infection control. The service employed a maintenance person to help maintain the internal and external parts of the service.

We looked at accidents and incident reporting within the service and found they were recorded in sufficient detail and managed appropriately.

## Is the service effective?

### Our findings

We looked at a selection of people's daily care charts. Charts contained information about people's dietary and fluid intake, behaviours, activities, state of health and positioning charts (for people who were unable to mobilise independently). We saw that records lacked sufficient detail and did not always record what care had been carried out, for example, one person required two hourly changes of position but there was no evidence that the person had received this care. This meant that people were not receiving the care and support they required.

We found that some information in care records did not always reflect the current needs of the person, for example, one person's requirements for thickening agent had not been transcribed onto their hospital passport and for another, their need for a diabetic diet had not been communicated. One person's care record stated that they were unable to sleep lying flat due to an increased risk of aspiration (foreign material entering the airways), but this information had not been included in their hospital passport. A hospital passport is designed to help people to communicate their needs to healthcare professionals and contains details such as medical history, mobility needs and dietary requirements and helps to ensure the safety of people during their stay. This meant people were at risk of not receiving the right support.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked to see whether the service was working within the principles of the MCA (The Mental Capacity Act 2005) and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We looked at people's care records to check that people's capacity to consent was assessed appropriately. We found that although mental capacity assessments were carried out, they were done so in a generic way and did not always assess the person's capacity in relation to specific decisions. This meant that people may be incorrectly deemed not to have the ability to make a particular decision for themselves. We discussed our findings with the manager.

We looked at the records for four people who had DoLS authorisations in place. Processes were in place to record any restrictions in the best interests of people living at the home. There was also evidence of best interest decisions being made with input from people's relatives.

We looked at the care records for four people. Records showed care plans which reflected both the health

care needs of the person in addition to their personal preferences. For example, people could choose whether to have a bath, shower or a body wash and choose the gender of their care staff. Care records also contained a pre-admission review to help ensure that people's key health care requirements were identified and could be met from the time they arrived at the service.

We saw that people were referred to external health care professionals appropriately, this included the GP, SALT (speech and language therapist), podiatrists, district nurses, physiotherapists and occupational therapists. For example, one person's records showed that they had lost weight and been referred to the dietician who had prescribed dietary supplements. This helped people to maintain their health and well-being.

Care records we looked at contained information on how staff supported people with their dietary needs, for example, a diabetic diet. Records also demonstrated that people were weighed regularly to ensure that people were not losing or gaining weight inappropriately. Staff we spoke with were aware of people's individual dietary requirements.

The service used an external catering company to supply meals within the service. Meals were both nutritious and were designed to meet the needs of people with particular dietary requirements, for example a low-fat and vegetarian diet. A relative told us, "The food is good, [relative] is on a special diet and it caters to their needs."

For people who required a soft diet, food was pureed to the correct consistency for the person and moulded so that it represented food in its original form. The presentation of the food made it more appetising for people in terms of sight, taste and texture. This helped to promote people's independence during mealtimes in addition to making eating a far more enjoyable experience. We spoke to the staff who told us that if the person didn't like what was on the menu, they would be made an alternative of their choice. One person told us, "I love soup. I mentioned it this morning and they gave it me for breakfast with some toast."

The assistant service manager provided us with information on staff training. We saw that training was provided in a range of health and social care topics such as moving and handling, fire safety, first aid, safeguarding and cardio pulmonary resuscitation (CPR). Most staff had not undergone a practical assessment in relation to moving and handling. This is training which guides staff on how to transfer people who are unable to mobilise themselves in a safe way. We discussed this with the assistant service manager who provided evidence to confirm that gaps in training had already been identified and training had been organised. We noted that staff had not received training in more specialist areas such as dementia care and diabetes. Some people at the service were living with these conditions. Staff we spoke with told us they would welcome and value such training. One member of staff told us, "There was dementia training on-line, but I'd like to do more." We fed this back to the assistant service manager.

Induction training for staff was based on the Care Certificate. The Care Certificate was introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. We also noted that some members of staff had completed NVQs (National Vocational Qualifications). NVQs are work based qualifications which recognises the skills and knowledge a person requires to do a job helping them to carry out the tasks associated with their job role.

Records showed that staff members received supervisions to support them in their role. Supervision enables management to monitor staff performance and address any performance related issues. Themes discussed in supervisions included; infection control and moving and handling. Safe and appropriate practice was promoted during these discussions.

One relative we spoke with didn't always feel staff had the knowledge and skills to meet their loved one's needs, "I feel staff could be more observant and knowledgeable of [relative], [staff] will call a doctor but it's me asking them and not them doing it." We spoke to the assistant service manager about our findings.

During our inspection we looked at people's bedrooms and saw evidence that people had personalised them. For example, some people had brought in their own items of furniture, others had family pictures on the walls. All bedrooms had had an en-suite facility.

The service was based on one level and so was easy for people to move around.

## Is the service caring?

### Our findings

We spent time talking with the people living at the service and their relatives and their feedback was mixed. Comments from people we spoke with included, "[Staff] look after me well. They treat you as one of their own" and "Everything is fine here." Comments from relatives included, "There are some good staff here," and "I don't think [staff] talk to people enough."

We observed warm interactions between staff and people living at home. It was clear there were strong bonds between staff and the people they were caring for. People were treated respectfully and in a manner both appropriate for their needs and level of independence. Staff were patient and showed empathy. We observed the delivery of care at various points throughout the day. We saw people were relaxed with staff and it was evident staff knew the needs of the people they were caring for well. We observed a member of staff soothing a person by stroking their hair.

We observed staff support people in a way that maintained their privacy, dignity and independence and took care to adhere to people's routines and personal preferences. We observed staff closing doors to bathrooms and people's bedrooms when delivering personal care.

During our inspection we made observations during lunch. Most people ate in the main dining room. There was a menu on display and food was nicely presented. Some people were being supported by staff to eat in line with the guidance recorded in their care plan. Support was provided in a patient manner and the staff member chatted and interacted with the person throughout the meal.

We saw that people's confidentiality was maintained. Records were stored in a locked office. This meant that sensitive information about people was preserved.

We saw that the service adhered to the principles of the Equality Act 2010. This is legislation designed to preserve people's protected characteristics such as age, disability, sexuality, culture and religion. For people who wanted it a minister visited the service once a year. Staff supported people with specialised diets and with communication needs such as the use of hearing and visual aids.

The service had an open visiting policy so that relatives and friends could visit at any time. This helped people feel supported.

For people who had no family or friends to speak on their behalf, the service had details of an independent advocacy service. An advocate helps to ensure that the views and wishes of the person are conveyed.

## Is the service responsive?

### Our findings

We looked at the care records of four people who lived at the service and found that people's preferences in relation to how their care was delivered was recorded. For example, people could specify whether they wanted a bath or shower and what gender of care staff they preferred. Care records gave staff the information as to what people could do for themselves and what assistance they required.

Each of the people living at the service had a 'One-person profile' document. This detailed information about people's preferred name, their childhood, past occupation and family. Some profiles were more detailed than others. The profiles helped give staff a valuable insight into the history of the person and get to know the people they were caring for. It was evident from some care records that people's relatives had been involved in providing this information.

Some relatives we spoke with were involved in decisions about their relative's care. One told us, "If there are any changes I am called right away so I know about it."

People had access to a complaints procedure and relatives we spoke with knew how to make a complaint. The assistant service manager maintained a record of any complaints received and the actions taken to resolve them. All relatives we spoke with told us they would raise concerns without hesitation if they had anything to say.

We looked at processes in place to gather feedback from people and listen to their views. Feedback included quality assurance surveys in the form of questionnaires and both resident and relative meetings.

Records showed that regular meetings took place with people living in the service and their relatives. We saw that a wide range of topics were discussed such as activities, meals and what was working well and what not so well.

The service offered activities such as bingo, music, pamper days and quizzes. Some relatives we spoke with felt there wasn't enough activities to meet the needs of people living with dementia. Such activities can help people feel less disorientated and distressed. We fed this back to the assistant service manager.

We saw evidence that the service supported people with End of Life Care. Some staff members had received training in this area. We noted people's end of life wishes were not always recorded in their care files. We discussed this with the assistant service manager who confirmed they would discuss wishes with anyone who felt comfortable to do so.

# Is the service well-led?

## Our findings

At the previous inspection in December 2017 we identified a breach of regulation in relation to 'Good governance.' This was because auditing processes did not highlight our concerns found during the inspection in relation to clinical records and were not effective at identifying areas for improvement.

During this inspection we found a repeated breach of 'Good governance.' We found that the registered provider had not made improvements in relation to monitoring the quality and safety of the service since the last inspection and concerns that we previously identified had not been addressed. For example, audits had not identified that people had not been receiving their topical medication as prescribed or being re-positioned in line with instructions in their care plans.

We found that although up to date audits were in place with regards to the safety of the environment, fire safety, infection control, care plans, accidents and incidents and medication, they were not always effective as they did not always identify areas where improvements were required.

We also observed that where audits had highlighted issues, there was not always a record of any action having taken place to address this. There was often no evidence of any timescale or a designated person responsible for actions.

Audits had not identified areas of concern which we highlighted during our inspection. We spoke to the assistant service manager about this who confirmed they would address our concerns.

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

We looked at safeguarding records and found there was no clear oversight in relation to the identification, recording and notification of safeguarding incidents by the manager. This meant that people's safety was compromised and the opportunity to prevent any reoccurrence of events was minimised. The registered provider and manager has a legal responsibility to identify any incidents which cause harm or where there is a risk of harm and an obligation to report any such incidents. Our records indicated that the registered provider and manager had not notified CQC of such incidents. This meant that CQC were not able to accurately monitor information and risks regarding the service.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

The service had undergone a recent change in management. People's feedback about the newly appointed assistant service manager of the service was positive. People we spoke with told us the manager was approachable and supportive and they felt able to raise any issues or concerns with them. A member of staff told us, staff included, '[Manager] is approachable. There's nothing they can't do.'

Relatives we spoke with also spoke positively about the assistant service manager, comments included, "I



feel I can go to the manager and things will be sorted out," and "[Manager] is always walking around, it's reassuring."

During our inspection, the assistant service manager was receptive to our feedback and responsive to our findings. By the end of our inspection they had produced an action plan specifying what action they planned to take to address the issues we had found.

There were regular staff meetings which enabled staff to share their views and opinions. We looked at a selection of minutes of meetings which showed topics discussed included training,

There was a wide range of policies and procedures in place to guide staff in their roles. Topics included safeguarding, equality and diversity, infection control, whistleblowing, dignity and privacy, medication and end of life care. Staff we spoke with were aware of the home's whistleblowing policy and told us that they would not hesitate to raise any issues they had. Having a whistleblowing policy helps to promote an open and transparent culture within the service.

Ratings from the last inspection were displayed within the home as required. The providers website also reflected the current rating for the service. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered provider and manager did not notify CQC of safeguarding incidents. This meant that CQC were unable to monitor incidents that affect the health, safety and welfare of people who use the service and take any follow up action if so required.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not always managed safely. People were exposed to unnecessary risks in relation to care which should have been provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  There was no effective system in place to protect people from abuse and improper treatment. Safeguarding events were not always reported to CQC.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Audit processes did not always identify concerns relating to information contained in

care records and did not identify areas which needed to be improved. This meant that risk to people was not always monitored and mitigated.