

Mrs M J Tompkin

Orchard House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This unannounced inspection took place on 12 August 2015.

Orchard House provides accommodation and care for up to 15 people who live with mental health conditions including dementia. They also provide day care for up to three people at any one time. The home is a large converted property and accommodation is provided over two floors. Two stair lifts in place assist people to move between the floors of the home. There were 14 people living at the home at the time of our inspection and two people who had accessed the service for day care.

The home is run by the registered provider as an individual. They are the person registered with the Care Quality Commission to manage the service. A 'registered person' has the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risk assessments were in place for people. Some care plans lacked detailed instruction for staff on how to reduce risk for some people. However, daily records

Summary of findings

showed staff knew people well and supported people to reduce risks. Individual personal evacuation plans were available for people in the event of an emergency evacuation.

People said they felt safe at the home. They were able to talk openly and honestly with staff and were sure any concerns or issues they had would be dealt with effectively. Staff knew people well and felt confident people would speak with them to raise any concerns. The registered provider and staff had a good awareness of how to safeguard people from abuse.

Whilst staff knew people very well and could identify how to meet each person's needs, care records did not always contain accurate and up to date information on people's needs.

There were sufficient staff to meet the needs of people. Through robust recruitment, training and supervision processes, people were cared for by people who had the right skills to meet their needs. People received their medicines in a safe and effective way by staff who had received appropriate training and updates. However some medicines were not stored in line with legal requirements and medicines to be given as required were not always recorded and reviewed appropriately.

Staff at the home had been guided by the principles of the Mental Capacity Act 2005 (MCA) when working with people who lacked capacity to make some decisions. The Care Quality Commission monitors the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered provider and senior staff had an understanding of the MCA and DoLS. They had sought advice from the local authority on DoLS and appropriate applications had been made.

Staff knew people very well and interacted with people in a calm, encouraging and positive manner. They ensured people were offered choice at every opportunity and demonstrated good communication skills.

Nutritious and well-presented homemade food was provided for people and dietary requirements were recognised, recorded and met in a clean and efficient kitchen.

People had access to external health and social care professionals for support and treatment as was required. The home had good working relationships with other

professionals including the local mental health team, community nurses, social workers and GPs. All health and social care professionals spoke very highly of staff in the service and the care they provided. They told us the service was extremely responsive to people's needs and supported people with very complex needs in a professional and caring way.

People said they felt valued, happy and content in their home. They said they enjoyed living there and found staff very caring and compassionate. Their privacy and dignity was respected and they felt able to express their views and have them respected and acted upon.

People had their needs assessed on admission to the home. The information gathered informed care plans and risk assessments which were discussed and agreed with people and their families. Care plans did not always reflect all the actions staff needed to take to assist people with their needs, however staff knew people well and daily records identified the actions they took to support people.

People had access to activities they requested and enjoyed. They were supported to maintain their independence through activities outside the home such as attending day centres and independent trips to the local shops and church.

The home had an open and honest culture where people were encouraged to voice their opinions and have these addressed. People and their relatives spoke highly of the registered provider and their staff. They said they were easy to talk to, open to suggestions for improvements or new ways of supporting people, and always responded to them positively and with encouragement.

The registered provider had a system of quality assurance in place to ensure the safety and welfare of people. This included audits in; infection control, health and safety, medicines management and equipment. They were quick to respond to any concerns or issues raised with them. Incidents and accidents were monitored and actions taken to reduce the risk of these recurring. The home had received no complaints in the time since our last inspection.

We found 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.

Summary of findings

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 always safe.

People received their medicines from staff that were appropriately trained; however medicines were not always stored or disposed of safely. Medicines prescribed as required were not always reviewed and recorded appropriately.

Risk assessments in place supported staff to ensure people were able to remain independent whilst understanding the risks associated with their care. Staff knew people well and demonstrated a good awareness of the risks people faced. However, some care records lacked information on how to reduce risks.

People were supported by staff who had a good understanding and awareness of abuse and how to ensure people were protected from harm.

There were sufficient staff working to meet the needs of people. Staff had undergone robust recruitment checks; the home had a low staff turnover and did not use agency staff.

Requires Improvement



Is the service effective?

The service was effective.

People were supported to make decisions in line with legislation.

People were supported by sufficient staff who had the necessary skills and training to meet their needs.

People enjoyed the food at the home and there was always a choice at mealtimes. Where people had specific dietary needs these were met.

Health needs were reviewed regularly and people had access to health and social care professionals as they were needed.

Good



Is the service caring?

The service was caring.

Staff had developed positive, caring relationships with people by spending time getting to know people and taking an interest in them.

People and their relatives spoke highly of the home. Visiting professionals said staff were caring and supportive of people and knew them well.

Staff knew people well and respected their privacy and dignity. They cared for people in a kind and empathetic way, providing time and support in a relaxed and friendly manner.

People were able to express their views and be actively involved in their care planning.

Good



Summary of findings

Is the service responsive?

The service was not always responsive.

Care records did not always contain all the information staff would require to support a person, however daily records showed staff knew people's needs well and supported these.

People received personalised care which was responsive to their needs. Staff knew people well and understood their needs. They encouraged people to remain independent and offered choice and support.

People felt able to raise any concerns they may have about the home and they felt sure these would be dealt with promptly and effectively. The home's complaints policy was visible for people to see.

Requires Improvement



Is the service well-led?

The service was not always well led.

Records held were not always clear and accurate and did not always reflect the needs of people.

The registered provider was visible in the home and people found them very approachable and effective. They provided an open, honest and supportive work ethic in the home which was appreciated by people, their relatives, staff and other visiting professionals.

Effective communication in the home ensured a good quality service was provided. People were regularly asked for their opinion of the service and feedback from relatives, staff and other professionals was good.

A programme of audit was in place at the home to monitor, evaluate and implement any changes to ensure the quality of service provision at the home.

Requires Improvement



Orchard 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 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 12 August 2015 and was unannounced. The inspection team consisted of an inspector and an expert by experience in the care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home, including previous inspection reports and notifications of incidents the provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law.

During the inspection spoke with eight people and four relatives to gain their views of the home. We observed care and support being delivered by staff in communal areas of the home. We spoke with two members of care staff, two senior care workers and the registered provider.

We looked at the care plans and associated records for five people. We looked at a range of records relating to the management of the service including; records of complaints, accidents and incidents, quality assurance documents, a new staff recruitment file and policies and procedures.

Following our visit we spoke with three health and social care professionals who regularly visit the service and support people there.

The last inspection of this home was in March 2014 when no concerns were identified.

Is the service safe?

Our findings

People felt safe at the home as they were very happy there and it felt like their home. They were happy to talk to staff if they had any concerns about the care they received and knew their concerns would be listened to and acted upon. There were enough staff to meet their needs. A relative said, "My [relative] is in very safe hands here, they all know her and look after her very well." People were sure that if they had any concern about their loved one's care that it would be addressed in a prompt and efficient way by staff who knew people well. Healthcare professionals spoke highly of how staff at the home worked to provide safe care for the people who lived at the home.

People received their medicines from senior staff who had received appropriate training and updates. There were no gaps in the recordings of medicines given on the medicines administration records (MAR). An audit of medicines was completed to ensure all medicines had been administered and recorded correctly. However, some people had been prescribed medicines which were to be given as required (PRN). There were no clear protocols in place for staff to follow in the administration of these medicines. For example, for two people who had been prescribed a medicine PRN to support them if they became agitated, there was no clear guidance in place as to when this should be given and how this was monitored for its effectiveness. Whilst staff were clear on how and when this medicine should be administered, records did not always reflect why the medicine had been given and the effect these medicines had on the person. Medicines were not always stored safely and in line with legal requirements. Controlled drugs which had been prescribed for service users who no longer resided at the home were stored in a locked metal container within a locked trolley, in a locked cupboard. This arrangement meant controlled drugs prescribed for people could not be stored in accordance with the requirements of Misuse of Drugs Act 1971 and its subsequent amendments. Controlled medicines had not been disposed of safely.

The lack of appropriate storage for controlled drugs and the need for protocols to be in place for PRN medicines was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider held information for staff on how to recognise and report any safeguarding concerns or abuse. A copy of the local authority safeguarding policy was

available in the home and all staff had received training in the safeguarding of people. No safeguarding concerns had been raised in the home since our last inspection; the provider explained what they would do should they receive any concerns in the service.

Incidents and accidents were recorded and reported; follow up actions were taken to learn from these and were shared with staff. The registered provider notified the Care Quality Commission of all incidents which they were legally required to do so, including a fall resulting in serious injury, and the death of a person using the service.

Risk assessments were in place for some identified risks including falls and moving and handling. Care plans in place identified risks such as choking and behaviours which could endanger people but did not always give clear information on how staff should deal with these risks; some records contained information which appeared not to have been updated or reviewed for more than a year. One person was at risk of choking- this risk was identified in their care plan and actions to take to reduce the risk included one member of staff to support them in their chair with all meals. It stated the person may cough but there was no clear risk assessment with actions to be taken should the person choke. Senior staff told us all staff received first aid training and would be able to support this person should they choke and staff told us how they would deal with this risk. However care plans did not always hold clear information about the risk associated with people's care and the actions to take to reduce these.

Individual plans to support people in the event of an evacuation from the home were in place. Staff were aware of contingency plans in place should they need to remove people from the home in the event of an emergency.

There were sufficient staff available to keep people safe and meet their needs. Staff interacted with people and encouraged them to remain independent in their daily activities whilst ensuring their safety. The home had a low turnover of staff and this was reflected in the way in which staff worked with people as individuals.

The registered provider had safe and efficient methods of recruiting staff. Recruitment records included proof of identity, two references and an application form. Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise

Is the service safe?

the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed. The registered provider had implemented a new management structure for staff in the home since our last inspection. A senior

member of staff was always available to provide guidance and support for people, ensuring safer working practices to meet the needs of people. The registered provider told us they did not use agency staff.

Is the service effective?

Our findings

Staff knew people well and strived to create a homely atmosphere for people. They interacted with people in a calm, encouraging and positive manner. People responded to staff warmly and enjoyed their company. They moved around the home as they wished and were friendly and supportive with each other. Relatives spoke highly of the staff and the way in which they supported their loved ones. One said, “The home is just brilliant, staff know what they are doing and are always there to help Mum when she needs it. We couldn’t ask for any more.”

A program of supervision sessions, induction, training and meetings for staff ensured people received care and support from staff with the appropriate training and skills to meet their needs. Staff felt supported through these sessions to provide safe and effective care for people. They were encouraged to develop their skills through the use of external qualifications such as national vocational qualifications (NVQ). These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

The registered provider was implementing a new staffing structure which provided clear roles and responsibilities for staff. Senior staff provided a leadership role. They took charge of each daily shift and provided support and guidance for all staff. They fulfilled enhanced skills such as medicines administration and supporting external health and social care professionals on their visits. Staff said they felt supported by their peers and senior staff.

Where people had the mental capacity to consent to their treatment, staff sought their consent before care or treatment was offered. Most people who lived at the home had fluctuating capacity and at times required support to make decisions about their care and welfare. Daily records showed how staff involved others in supporting people to make decisions. Staff knew the abilities of each person.

Where people did not have capacity to make decisions the registered provider had taken appropriate steps to apply the principles of the Mental Capacity Act 2005. For example, two relatives had Lasting Power of Attorney to support their loved ones with any decision making. Staff were aware of this and the relatives said the home kept them fully informed of any concerns their loved one may have or

changes in their health. People were encouraged to make decisions at the home and appropriate measures were taken to support people who were unable to make some decisions. The registered provider worked closely with the local mental health team when assessing people’s capacity to make decisions and this was evident in people’s care records.

Senior staff had completed training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff had an awareness of these and told us information on these areas of training were covered in their challenging behaviour training.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Two recent DoLS applications had been made to the local authority and awaited further review by the local authority. The provider was aware of when an application should be made, how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Staff awareness of the need to ensure people were able to consent to their care was good. People were encouraged to take their time to make a decision and staff supported people patiently whilst they decided. For example, two people were asked if they would like to be assisted to the table in the dining area of the home for their meal. They declined assistance and requested to eat their meal in the garden. Staff offered them a choice of where they would like to sit in the garden and patiently supported them to this area and ensured they were comfortable before bringing their meals.

People received a wide variety of homemade meals and fresh fruit and vegetables were available every day. The chef was aware of people’s preferences and dietary needs; whilst only one set menu was available each day, the chef was able to provide alternative meals should people not wish to have this. Mealtimes were a social occasion with friendly interactions between people and staff; people enjoyed their meals and spoke highly of the choices offered to them. They told us the food was “Homely,” and the sort of food they would have had in their own home. The kitchen area was clean and well managed with foods and utensils stored appropriately.

Is the service effective?

Records showed people had regular access to external health and social care professionals as they were required, although the information contained in these records was often limited. The registered provider told us they worked closely with health and social care services to meet the complex needs of people. These included; the mental health team, a chiropodist, community nurses and therapists, social workers and GP's. Feedback we received from health and social care professionals about the home was very complimentary and positive. The home was recognised as a service which could support people with complex and challenging mental health needs, who often could not be supported in other homes; health and social care professionals spoke very highly of the care and support provided for people there. Staff provided a very caring and professional service ensuring they requested support and advice when it was required. Advice and guidance provided to staff was always followed and information was always readily available to any health and social care professional who was visiting to provide additional support. Two professionals told us how staff always sought support in a timely and professional way.

People and their relatives told us whilst they loved the home, it was a very difficult building to maintain. They felt the registered provider did everything they could to keep it up together including new windows and doors in the home, decoration and regular cleaning of older furniture and carpets. A health and social care professional told us, whilst the home could maybe do with some updating, the care was "Second to none." The registered provider told us they had various on-going plans to update the building including the introduction of laminated flooring instead of carpets and the garden and drive way were being worked on at the time of our inspection. We saw changes had been made to the décor of the home since our last inspection and the provider was taking steps to adapt, design and decorate the service and maintain an appropriate environment to provide care for people, whilst maintaining a homely environment.

Is the service caring?

Our findings

People were cared for in a kind and compassionate way. They felt valued and respected as individuals and said they were very happy and content in the home; many people had been in the home for a number of years. One person said, "The staff are wonderful, very friendly and helpful." People and their relatives told us the home was a very friendly place and everybody was made to feel welcome. One relative said, "It is a real home from home and you couldn't ask for better care." Another said the staff are, "Brilliant, I've never known such a nice group of girls, you can ask for anything." Health and social care professionals spoke very highly of the home and the excellent relationship staff had with people.

Staff knew people well and demonstrated a high regard for each person as an individual. Using good communication skills they addressed people by their preferred name and took time to recognise how people were feeling when they spoke with them. For example, one person became agitated late in the afternoon. Staff spoke calmly and slowly with the person, encouraging them to express themselves. Staff understood the person had become agitated because they were not able to access an area they usually sat in to have their cigarette. They spoke calmly with the person and assisted them to access another area to have a cigarette. For another person who had difficulties with communicating staff recognised the signals they used to express themselves such as when they were in pain or needed to use the toilet.

Health and social care professionals spoke of the caring and kind support provided for people at the home,

particularly for people who had very complex needs at times. They spoke of staff who were very dedicated to their work and knew the people at the home very well. This was reflected in the home's reputation for supporting people with very complex needs.

At mealtimes, staff were seen to engage positively and cheerfully with people. They offered support with managing meals, cutting up food and offering drinks for people. Throughout the day staff spent time with people chatting and laughing. People shared experiences with each other as they chatted with staff, reflecting on past times and encouraging each other to remember. Staff actively encouraged people to remain independent and participate in activities of their choice. People were supported to access the local shop and church independently as they wished. Staff encouraged people to manage daily activities such as washing and dressing independently.

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. Staff always knocked before entering people's rooms and ensured people were provided with privacy when accessing toilets. With a lack of office areas for confidential matters to be discussed staff were aware of the need to ensure conversations regarding people and their needs were held confidentially and with an awareness of where people might be overheard.

People were able to express their views and be actively involved in making decisions about their care. They spoke with the registered provider or senior staff every day and did not feel they needed to have meetings regularly to express their views.

Is the service responsive?

Our findings

People were able to express their views and be actively involved in making decisions about their care. People told us whilst they were not always aware of what was written in their care plan, they received the care they needed and requested and were able to request a change to this at any time. They told us staff were always responsive to their requests for support and nothing was too much trouble. One person told us, “They are great; they just help me when I need it.” Relatives were happy staff knew how to meet their loved ones’ needs and spoke highly of the responsive approach staff had to meeting their needs. One told us, “Nothing is too much trouble, especially for the manager, they will do anything she asks them to do and are very patient.” Health and social care professionals told us staff were very aware of people’s needs and always requested support from other services to ensure they could meet people’s needs.

On admission to the home, each person had their needs assessed with a senior member of staff to discuss their care needs, their preferences and their personal history. The home worked closely with health and social care professionals to identify any needs people may have which required additional support. This information was then used to inform care plans for people.

Staff knew people very well, had a good understanding of how to meet people’s needs and knew how people wanted to be cared for. Care plans gave clear information on how to meet people’s needs and were personalised with people’s wishes clearly stated. For example, care records held information for people as to what a “good day,” and “bad day” would look like for the person. They gave clear information on how they wanted to be cared for, who they wanted to be involved in their lives and what actions they needed support with. For one person, their care record stated, “I need staff to make sure I am in the lounge every day for stimulation.” We saw that this happened and the person was actively involved in conversations and activities which occurred in that area of the home. However care plans were not always updated in line with people’s changing needs. One person had fallen and sustained a serious injury. They had been admitted to hospital for treatment and this was reflected in their daily records. Staff

knew the person very well and were able to identify their needs and support them with these; however care plans had not been updated to show the changed needs of this person as a result of the injury.

Daily records clearly identified how staff had supported people each day; these included information on professionals’ visits, however this information was not always reflected in care plans. For example, information was recorded when health care professionals visited to advise on the administration of medicines to support the management of people’s anxiety and distress, or on the use of a behaviour monitoring chart; however this was not reflected in plans of care for people. Staff were able to tell us this action was being taken, however care plans did not always reflect this.

There was no information on the frequency of review of care plans or audits of these in place. The provider had no policy in place to support this and care records did not identify the frequency of this. Some families told us they had been involved in the planning and review of people’s care, others told us they were not aware of these however were very happy that the provider included them should their relative’s care needs change. They told us they spoke with the owner and seniors at every visit they made and were happy with the care their relative received. People said they were very happy to speak with staff if anything in their care needed to be changed. Daily records showed staff offered people the opportunity to express their wishes if their care needs had changed.

The registered provider told us they did not have a set weekly activities plan for people as the home prided itself in working with people and understanding their preferences to offer a wide range of different activities through the year. At the time of our visit people enjoyed an external music and movement activity and also a manicure service. A hairdresser visited the home weekly and people told us how much they enjoyed this service as the lady had been attending for over eight years and was very well known to everyone. Other activities for people were booked in a home diary and included cooking, garden parties, music and art events. People told us they were very happy with the activities made available to them. They were also supported to leave the home independently and attend day centres, go shopping and attend church as they

Is the service responsive?

wished. People had a variety of areas they could use to converse with others and their relatives including their own rooms which were personalised and homely, the garden, a lounge area and dining area.

The provider's complaints policy was available for people to use but was not displayed in the home. People and their relatives received a copy of this when they were admitted to the home. The home had received no written complaints since our last inspection. The registered provider worked closely with people to enable concerns to be addressed promptly and effectively. The registered provider had effective systems in place to monitor and evaluate any

concerns or complaints and ensure learning outcomes or improvements were identified from these. They encouraged staff to have a proactive approach to dealing with concerns before they became complaints. For example, staff were encouraged to interact with people and their relatives, whilst maintaining their privacy, to ensure their needs were being met. Staff met visitors in a warm and friendly way and encouraged them to express any views about the service their loved ones received. People said they felt able to express their views or concerns and knew that these would be dealt with effectively.

Is the service well-led?

Our findings

People said the registered provider and staff provided a very good, safe and effective service. They told us the registered provider had a very good presence in the home and demonstrated strong and effective leadership skills. They were always available to support people with any concerns they may have and were, “Very approachable and very friendly.” People held the staff in very high regard and felt confident in their abilities to care for them. One relative said, “The manager is very good and the staff are very confident working for her, they understand exactly what they have to do and know what she expects of them.” Health and social care professionals told us the staff were always welcoming and knew people very well. They were encouraged to work with the staff by the registered provider and staff were always extremely professional in their attitude to their work.

Care records contained information on how staff should provide care for people however this was not always up to date and did not always reflect the current needs of people. Records were not always clearly organised and contained documentation which had not been archived and could cause confusion should staff be looking for information in the records. For one person their care records held extensive information about care they had received since 2013 which had been superseded by new care plans. Records held for this person were confusing and recorded in a way which meant staff could not easily identify the care this person required. For another person who had required extensive support to improve their mobility following an admission to hospital, their care records did not reflect the care they required. This meant there was a risk staff did not have access to clear and concise care plans which were up to date and met the needs of people.

Whilst a system had been introduced for staff to review and update care records on a rotational basis, this had not always been completed. The registered provider did not formally audit and review care records to ensure these were effectively maintained and demonstrated a clear and concise plan of care to meet the needs of people.

The lack of clear and accurate records was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered provider promoted an open and honest working culture in the home. They told us the views of every person mattered and were respected; this was reflected in the way staff worked in the home. Staff showed a responsive approach to any concerns raised with them. Throughout our inspection the registered provider and senior staff were keen to identify any areas where improvements might be needed, how they could address these and any learning they could identify. Staff were motivated to provide a very good service.

The registered provider met with staff, people who lived at the home and their relatives each day when they visited to ensure they were up to date with any changes in the service. Whilst no formal notes were made of these meetings, people and their relatives said they enjoyed having the opportunity to speak with the registered provider or a senior member of staff each time they visited rather than setting aside a special time to meet. Surveys were given to people and their relatives annually and the feedback from these was very positive; people spoke of the, “Homely environment” and the excellent support from staff. The registered provider told us how they responded to any areas which needed improvement such as a labelling system for clothes which were to be laundered to ensure people received their own washing back in a timely way.

The registered provider was in the process of developing a new management structure to support their role. This allowed senior staff to take some management responsibility for the home and further their development in the home, as well as to support the increasing demands on the registered provider to meet their legal responsibilities. The registered provider and senior staff provided support, training and supervision for all staff which supported staff to understand their roles and responsibilities in the home and seek support for their own development.

The home had a clear leadership structure which allowed people to feel valued, involved in the running of the home and an integral part of an efficient team. Staff meetings held regularly included all staff to ensure continuity of information to the staff group. As there was a very low turnover of staff at the home, working relationships in the home were clearly very good and staff knew each other very well.

Audits were completed by the registered provider to monitor the safety and wellbeing of people who lived at the

Is the service well-led?

home. This included audits of; infection control practices, safety equipment maintenance and health and safety practices. Actions identified from these audits were completed and monitored and feedback from any audits was given at staff meetings as required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment Medicines were not stored and managed in a safe way. Regulation 12 (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance. Records were not always accurate, complete and contemporaneous to meet the needs of people. Regulation 17 (2) (c)