Cotswold Spa Retirement Hotels Limited

Albany Care Home

Inspection report

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Date of inspection visit: 03 & 10 February 2015
Date of publication: 12/05/2015

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

The inspection took place on 03 and 10 February 2015. The first visit was unannounced which meant the provider did not know we would be visiting. The second visit was announced. We last inspected this service on 19 February 2014 and we found the home was meeting the regulations we inspected.

Albany Care Home is a nursing home providing personal or nursing care for up to 38 older people, some of whom are living with dementia. At the time of our inspection there were 28 people living at the home.

The home did not have a registered manager. We were informed during our visit that the current manager had transferred from another location within the company. Arrangements were already in place for him to apply to become the registered manager. 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.

Some people we spoke with were unable to tell us whether they felt safe living at the home. However, when prompted by staff we saw how people displayed non-verbal signs by smiling and gesturing with their hands.

Summary of findings

Relatives we spoke with told us, “The staff are wonderful”, and, “My mam has been here since last year and has settled in really well, the staff have worked wonders”. Other relatives we spoke with told us, “Since the new manager and his deputy the home is a lot cleaner than before.” Another commented, “It’s lovely and restful here, I’ve got no worries”. “My relative is happy and we couldn’t have picked a better place.”

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Staff did comment however there have been occasions where an extra carer would have been helpful when staff were needed to escort people to hospital. Relatives told us, **“**There is usually enough staff on duty when we visit”. We’ve never felt the staff are not coping.”

We found there were thorough recruitment procedures in place. This helped to protect people as checks had been carried out on potential staff before a decision was made to employ them.

We found that people’s care records at did not always fully reflect the needs and support people required. . We found that there was no associated care plan to guide staff on managing a person’s specific health condition. Medication records were also not being accurately completed. We found the management of ‘when required’ medicines were inconsistent.Improvements were being made to the environment to suit the needs of people living with dementia. These included changes in the layout and decoration of the corridor walls, bedrooms and communal areas to ensure there was an appropriate environment for people living with dementia

Staff told us they felt supported by the provider and the manager by way of training, supervision and appraisal.

This helped them provide effective care for people. During the inspection we observed people being offered a choice of food and if people required assistance to eat their meal, this was done in a dignified manner. Staff sought people’s consent before they provided care to them. Staff followed the requirements of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS).

Relatives of people who used the service were confident in the manager and how the service was managed. One relative told us, “The manager has made such a difference”. There were not always effective systems in place to manage, monitor and improve the quality of the service provided.

The system to regularly assess and monitor the quality of service that people received was not effective. We found that the systems in place to regularly assess and monitor the quality of services provided were ineffective, and not undertaken on a regular basis.

The system to regularly assess and monitor the quality of service that people received was not effective.

People received information on how to complain in their welcome packs. People had no complaints about their care and were confident any issues would be dealt with appropriately. People were encouraged to share their views about the service and these were acted on.

We found three of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we took at the back of the full version of this 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?

Requires Improvement

The service was not always safe. We found when required medicines administration were not managed safely.

People and family members told us the home was safe, and there were enough staff to meet people's needs. We saw staff spending time with people in a relaxed manner. Staff told us staffing levels are okay, but can be reduced when staff are escort people to hospital.

There were systems in place to ensure new staff were suitable to work with vulnerable people. Appropriate checks had been carried out before staff were employed to make sure they were fit to work with vulnerable adults.

Staff had a good understanding of safeguarding adults and whistle blowing. They knew how to report concerns they had and said they would not hesitate to raise any concerns they had.

Is the service effective?

Good

The service was effective. Records and relatives confirmed their family's nutritional needs were being met.

Staff were provided with the training they needed to deliver appropriate care. They also received regular supervision and appraisal.

Staff were following the requirements of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS).

People said they were supported to meet their health care needs. People had access to a range of health professionals and were supported to attend routine health appointments.

Is the service caring?

Good

The service was caring. Relatives said they were happy with the staff delivering care. One relative said, "They do listen and get things done." Other relatives commented, "It is so restful and peaceful when you walk in", "Staff are so caring", "Really caring people", and, "Staff are very respectful to people."

Staff had a clear understand of how they delivered care with aim of maintaining a person's dignity.

Relatives and health professionals we spoke to were confident staff cared for people well. Staff interactions with people were kind, considerate and caring.

Staff gave us examples of how they adapted their practice to ensure people maintained their dignity.

Summary of findings

Is the service responsive?

Requires Improvement

The service was not always responsive. People had their needs assessed and the assessments had been used to develop individual care plans. However some of the care plans we looked at did not always fully reflect the needs and support people required.

People and family members we spoke with said they had no complaints about the care provided at the home. We saw there had been no complaints made about the service. People and family members had opportunities to give their views about the service

Is the service well-led?

Requires Improvement

The service was not always well led. Current quality monitoring systems being used did not always ensure the service was operating effectively. The home did not have a registered manager.

Our records showed statutory notifications including safeguarding concerns had been reported to the CQC. Relatives and staff told us the current manager and his deputy were supportive and could be approached at any time for advice.

The manager communicated effectively with staff and family members to ensure they were aware of any pending changes affecting the operation of the service.

People and staff said the manager was approachable. Staff were able make suggestions during regular staff meetings.

Albany Care Home

Detailed findings

Background to this inspection

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

This inspection took place on the 03 and 10 February 2015 and the first day was unannounced. Our visit on the 10 February 2015 was announced

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

On the first day of the inspection, one adult social care inspector was present and we were accompanied by a specialist advisor who had knowledge of dementia care. On the second day of the inspection, one adult social care inspector was present.

We carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We contacted the local authority safeguarding team, the local authority commissioners for the service, the local Healthwatch and the clinical commissioning group (CCG). A quality assessment audit carried out by the local clinical commissioning team in July 2014 identified some issues which the manager and his deputy were addressing. A re-visit was planned for March 2015 to check up on areas identified for improvement. We did not receive any information of concern from the other organisations.

We spoke with two people and four family members. We also spoke with the manager, deputy manager, two qualified nurses and three care assistants. We observed how staff interacted with people and looked at a range of care records. We reviewed four care records, shift rotas, staff training records, and records relating to the management of the service such as audits. These included care records for four of the 28 people who used the service, six people's medicines records and recruitment records for four staff.

Requires Improvement

Is the service safe?

Our findings

Relatives told us, "My mam has been here since last year and has settled in really well." Other relatives we spoke us told us, "Since the new manager arrived the home is clean on those occasions we have visited."

We found the service had a 'Control and Administration of Medicines Policy and Procedure', which was dated 2010. This provided guidance to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. The provider did not have a copy of the National Institute for Health and Clinical Excellence (NICE) guidelines on managing medicines in care homes. The deputy manager told us she would address this. None of the people living in the home took responsibility for their own medicines. Only qualified nurses administered medicines. The deputy manager told us there were no people in the home who were currently receiving covert medication. (Covert medicine refers to medicine which can be hidden in food or drink).

We viewed the medicines administration records (MARs) for six people using the service. We found the provider's approach to the management of 'when required' medicines were inconsistent. 'When required' medicines are those given only when needed; such as for pain relief. We saw there was no written guidance for one person who was being administered 'when required' medicines. For example, information about when these medicines should be administered to people who showed signs of agitation and distress. This meant the lack of written guidance for the use of 'when required' medicines could result in different staff providing an inconsistent approach to the administration of this type of medicine. This was a breach of Regulation 13 of the Health and Social Care Act 2008 Records (Regulated Activities) Regulations 2010.

We saw how all medicines were appropriately stored and secured within the medicines trolley or treatment room. The service operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. We saw how medicines were administered in a timely manner.

We observed the deputy manager during one of the drug rounds. Medications were correctly given from the container they were supplied in. We saw how the member of staff explained to people what medicine they were taking and why. Staff also supported people to take their medicines and provided them with a drink, as appropriate, to ensure they were comfortable in taking their medicine. The staff member remained with each person to ensure they had swallowed their medicines and signed the MAR after administration.

We noted that all MARs were coded to explain the reason why some medicines had not been administered. Medicines were not left unattended and the trolley was locked between each administration.

We saw a copy of the 'Monthly Medication Audit – Environment and System Specific' which had been undertaken on 20 November 14, and covered the subject areas a copy of staff signatures in front of each file containing the MAR charts, controlled drugs checks undertaken weekly, fridge temperatures recorded daily, and whether actions from previous months audit had been actioned.

We found the provider had a system in place to log and investigate safeguarding concerns, and submitting safeguarding alerts to the local authority safeguarding team. Staff had a good understanding of safeguarding adults. One staff member told us they had undertaken e-learning training on safeguarding adults. This gave them the information they needed on how to recognise harm or abuse and what to do if they felt anyone was at risk, in order to keep people safe. Another member of staff who had been recently recruited told us they had been unable to attend the previous safeguarding training session and this had been re-arranged. The staff we spoke with knew what to do and how to report if they thought someone was being abused or harmed in anyway. Another said, "I would tell someone if I thought anyone was being abused." We saw that information on whistle-blowing was on display on the notice boards and staff understood what this meant. This meant that staff knew how to respond appropriately if they had any concerns over the safety of people and people were protected from the risk of abuse and kept safe.

The provider undertook regular risk assessments to help protect people from a range of potential risks including behaviour that challenges, tissue damage, reduced nutrition, falls and moving and handling. Where a potential risk had been identified separate risk assessments had been undertaken which were specific to the person. The

Requires Improvement

Is the service safe?

assessment identified the risk and the controls needed to keep the person safe. For example, for one person records showed that a risk assessment for bed rails was in place and had been signed by the relative and staff and thereafter evaluated. We also saw from another record how a moving and handling risk assessment was in place, together with documented guidance regarding equipment to be used. For example, 'transfer using a sling/hoist". In addition, the following instruction stated, 'Fully support with two staff at all times, during any intervention.'

There were systems in place to ensure that new staff were suitable to care for and support vulnerable adults. We looked at the recruitment records for three members of staff. We found the provider had requested and received references in respect of prospective new staff, including one from their most recent employment. A disclosure and barring service (DBS) check had been carried out before confirming any staff appointments. We saw documentation that showed us a process was in place to ensure safe recruitment checks were carried out before a person started to work at the home and we asked three staff to describe the recruitment process to us. All the staff we asked told us that prior to being employed by the service they had attended an interview and satisfactory references and disclosure and barring checks had been obtained. This meant people were protected because the provider always checked staff before they commenced work at the service.

We spoke to staff about staffing levels at the home. We asked whether there were enough staff to support people without them having to wait. Staff told us "We get to people quite quickly, we do our best", and, "It's hard when there are only three of us, especially if the nurse is busy with medication, and when someone needs to go to hospital with someone." Another staff member told us, "Staffing levels had definitely improved since the new manager arrived, and we hardly use any agency staff now to cover shifts." The manager told us, "We don't use any agency staff at all and have recruited more care staff. Short term sickness is covered by bank staff. We saw how monthly dependency levels were being completed for people and were used to contribute to a dependency needs score to decide the staffing levels and make sure people's needs could be met. Relatives we spoke with told us, "Since the new manager had arrived staffing levels had settled down." This meant staff and family members agreed the staffing situation had improved recently with the employment of additional staff.

Good

Is the service effective?

Our findings

Relatives confirmed people's health care needs were being met. One said, "The doctor came in recently when staff rang." One relative told us, "I don't mind attending appointments made for my mam, I just wish staff would give me more warning of when the appointments were". Another person said, "If all homes were like this one, then you would have no problems". "The staff are just wonderful". Another relative said "The manager and his deputy had made a difference, they are spot on and just know what needs to be done". People's care records showed when other health professionals visited people, such as general practitioner, challenging behaviour nurse, chiropodist, tissue viability nurse, and district nurse. This meant that people received treatment when they needed it and were supported to maintain their health.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' It also ensures unlawful restrictions are not placed on people in care homes and hospitals. We found the provider was following the requirements of the legislation. We found people had been assessed to establish whether a DoLS authorisation was required. Staff we spoke with had a good understanding of their responsibilities under the MCA. They were able to tell us when MCA applied to a person. They were also aware of the capacity status of people in the home and described how decisions were made in people's 'best interests' where there were doubts about their capacity. Staff told us, and records confirmed staff had completed training on the MCA and DoLS within the last 12 months.

Staff had attended all other appropriate training to enable them to provide safe and effective care for people. One staff member said, "I've done dementia training and I'm still learning." There had been some changes in the workforce recently, with a new manager and deputy being appointed. On the first floor there were three care assistants, one of whom had worked in the home for several years as well as a newly employed carer. We spoke with the recently recruited carer who told us they had induction training provided when they first started work.

They told us, "I feel supported by the manager and the deputy and they are very approachable." Another staff member said, "I get supervision regularly. The new manager had made a difference." The deputy manager told us that her understanding of her role and responsibilities was that she was, "Accountable for staff/people in the home and her responsibilities were to organise the shift and delegate, to ensure high standards of care."

Staff had a good understanding of people's nutritional needs. For example, care records identified one person who was at risk of poor nutrition. Staff had re-written the nutrition care plan in January 2015, as changes had been made by the dietician regarding their percutaneous endoscopic gastrostomy (PEG) feeding regime, due to the person gaining weight. Records of weights were documented weekly, which meant that staff were monitoring the person's weight to reduce the risk of malnutrition. In addition, the person's 'choking risk assessment 'had also recently been reviewed and updated.

We undertook a specific observation for one hour over the lunch-time using SOFI to help us understand people's dining experience. During our observation we saw there were seven people in the dining room with three staff supporting them, including the chef. Other staff were providing assistance or prompting other people who preferred to have their in their bedrooms. Staff were very busy and all of them were involved in the serving of the lunchtime meal. We found staff responded promptly and kindly to requests for help. We heard one person say, "That's too much to eat for me". A member of staff replied, "That's okay just try and eat what you can." We saw how the person went on to eat her lunch independently.

Staff who were assisting people to eat were pleasant and sat with them chatting at the table. We saw people were offered a choice of meals and alternatives were provided where people did not like the food on offer. Drinks were provided and we saw some people had food and fluid charts. We saw these were kept updated and reflected that people received the intake required. We found people had their needs met appropriately.

During the inspection we looked at a selection of the bedrooms, bathrooms and toilets. Some of the boxed in areas in people's bedrooms had suffered water damage meaning these were difficult to keep clean. The manager told us about the planned improvements he was making to the home, and we did see re-decoration of the corridor

Good

Is the service effective?

walls, bedrooms and communal areas being made during our inspection of the home. This included adaptations to ensure the service was appropriate to meet the needs of people living with dementia.

The manager also told us about how the provider (Four Seasons Health Care) wants to ensure that every home providing dementia care had the most up to date interventions for people living with dementia. The provider had developed the PEARL programme (Positively Enriching and Enhancing Residents Lives) specifically designed to demonstrate the providers commitment in providing good quality care for people living with dementia. The manager told us he would be nominating a staff member to become 'A Dementia Champion'. A dementia champion is someone who encourages others to make a positive difference for people living with dementia.

Good

Is the service caring?

Our findings

Relatives we spoke with confirmed they felt their family member received good care. One relative said, "Really good care, the deputy manager is spot on." Other relatives said, "They look after my dad well", "It's all I can ask for", "The new manager has made a difference", and, "I would not put my mam anywhere else other than here." Relatives said they were happy with the staff delivering care. One relative said, "They do listen and get things done." Other relatives commented, "It is so restful and peaceful when you walk in", "Staff are so caring", "Really caring people", and, "Staff are very respectful to people."

We saw during the visit that staff were friendly and caring with people when supporting them. The deputy manager we spoke with was enthusiastic about providing caring and effective support. Staff we spoke with were able to describe good care practice and showed this through the support we observed. Staff had a good understanding of the needs of the people they cared for. Staff training records confirmed staff had received training in how to respect people's privacy, dignity and confidentiality and showed they understood how to put this into practice. They were able to tell us details about the people in their care and any specific needs they had. For example, one of the corridor areas including the bedrooms were being re-decorated during our visit. Some people were congregating around this area and we saw how staff were discreetly directing people to other parts of the home with the minimum of fuss. Another person we saw told a member of staff how she was feeling cold. The member of staff then asked if they would like to wear one their cardigans which they agreed to.

People were supported to maintain their independence. Staff described how they supported people to do as much for themselves as possible rather than them taking over. They said they would offer prompts and encouragement. They told us, "People are individuals, and we respect people's choice." Some people who were not able to communicate verbally were still offered choice in everyday matters such as deciding what to wear, eat or do for the day. One of the carers told us, "People may not be able to tell us, but will still react, such as laughing or become upset, so you know what people like and don't like." This meant staff had access to information about how those people communicated, and how they were feeling and what their needs were.

All staff on duty were heard and seen to communicate with people effectively and used different ways of developing communication. This was done by either touch or ensuring they were at the same eye level with people who were seated or in bed. Relatives we spoke with said, "The staff are wonderful with my mam." Another relative told us, "My mam is still independent, but does allow staff to help her from time to time when she needs help." Other relatives said, "The staff always know how my mam is", and, "Staff were looking after my relative's needs, and had done so from the day they entered the home."

The home was light, airy, and spacious and there were areas for people to spend time with their families if they wanted to. People accommodated on the ground floor had access to a safe internal courtyard, which allowed people to participate in outdoor activities weather permitting. Each person had their own room which was personalised for them. On the walls were photographs of recent events that were of significant meaning to that individual, such as pictures of family members and recent events organised in the home. Relatives we spoke with said, "Since the new manager and his deputy took over things have changed for the better.

We spoke with the manager regarding whether anyone was currently using any advocacy services. An advocacy service ensures that vulnerable people have their views and wishes considered when decisions were being made about their lives. We were told no one was currently using the services of an advocate.

We observed people in one of the lounges. We saw how staff were relaxed and thorough when assisting people. We saw how a member of staff were always present in the dining room to make sure people were safe and had support if they needed it. We observed staff spending time with someone who was restless The staff member provider the person with reassurance and spoke in a warm-hearted manner. The staff member was seen to distract the person by engaging them in an activity of their choice. The staff member continued to observe the person and returned to them later to make sure they were settled and comfortable. We also saw how staff regularly checked people who were

Good

Is the service caring?

in their own bedroom and spent time talking to them. Relatives confirmed that staff understood people's needs. One relative said, "If I need to ask staff for something they just do it."

Requires Improvement

Is the service responsive?

Our findings

Relatives we spoke with confirmed that staff knew their relative well and understood their needs. One relative said, "My mam is now settled here. Staff have time for her." Another relative told us, "This is by far the best home my mam has been in and the staff are just great."

We looked at four care records for people who used the service. From reviewing the needs assessment section we saw the assessment had been signed by the staff member and the person's relative. Some of the care records we looked at did not always fully reflect the needs and support people required. For example we saw from viewing one person's care records a 'risk assessment for diabetes'. However, we found there was no associated care plan to guide staff on managing this person's specific health condition. The person's diabetes medicine had been discontinued approximately three weeks prior to the inspection. The information documented on the 'communication visit record' stated 'GP discontinued medication please see MAR chart'.

Another person had a Waterlow risk assessment to monitor the person's skin condition and an updated care plan regarding a pressure ulcer. There was also evidence that the tissue viability nurse was involved in the care of this person and had given instructions. However, there was no on-going wound review documented on the person's body map. The deputy manager also stated, 'It was the left foot not the right foot', whereas the documentation referred to the 'right foot'. This meant people's needs may be missed or overlooked.

We also looked at the shift handover sheets for the 'day' and 'night' periods, which included basic information about people's mobility, care needs, diet and fluids. Some entries recorded on the shift handover sheet were 'fine settled day, good diet', 'fine settled day been to hospital'. Although these daily shift handover sheets were up to date, they had a tendency to be repetitive in entries written. This meant they lacked information of the person's day /night reflecting the key assessment areas and an effective and safe clinical handover was not in place, to ensure patient safety and high quality care. Furthermore, there were inconsistencies in signing/dating the sheet by the person in charge giving the handover, and the person in charge receiving the handover'. This meant that staff would not be informed about the person's current care and support needs, to ensure consistent treatment was provided. This was a breach of Regulation 20 of the Health and Social Care Act 2008 Records (Regulated Activities) Regulations 2010.

The care plans we looked at had been reviewed monthly. The deputy manager told us that she had recently implemented a system for reviewing care plans. For example, the named nurses were responsible for reviewing or updating nursing care plans and the senior carers were responsible for reviewing or updating care plans for other people. We saw evidence that these changes had been implemented.

During our inspection care staff we spoke with were aware of the life histories of people living at the home. Staff were knowledgeable about people's likes, dislikes and the type of activities they enjoyed. Staff said they got to know people through reading their care plans and speaking with family members. The manager told us how the care plan documentation had recently been reviewed with the involvement of staff and families to ensure every staff member was recording in a person centred way. We saw that relatives had been involved in care plans, however care plans had not been signed by the person or their relative.

Relatives we spoke with said they had no complaints about the care provided at the home. One person said, "I have no complaints and the staff would do something about it immediately." Another person said there was "nothing wrong." We saw there had been no recent complaints made about the service and the provider had a system in place to log and investigate complaints. People and family members had opportunities to give their views about their care. We found that regular meetings for people who used the service had taken place. The provider was arranging a series of meeting dates for people and families to attend to discuss any issues or planned changes in the home.

Requires Improvement

Is the service well-led?

Our findings

There was no registered manager at the service at the time of our inspection. We were informed during our visit how the current manager had arrangements already in place for him to apply to become the registered manager. He was currently waiting for an interview and a decision regarding his application from the Care Quality Commission (CQC) to become the registered manager.

Statutory notifications had been reported to the CQC in a timely manner. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns. This also included notifying the CQC of all deprivation of liberty requests to a supervisory body, including the result of such a request.

The manager told us, “I have a good deputy and we work well together.” Staff told us, “He [the manager] encourages us all the time.” “It’s nice, I like working here, and I get on with people and staff”. Relatives told us, "The manager is a nice person, always available to speak to”, “He has a good deputy” and “staff respect her”. Others told us that, “My mam is very settled at the home”, and, “The manager is very understanding and supportive.”

Relatives told us there was a good atmosphere in the home. Their comments included, “The manager and the staff were welcoming and open. One relative we spoke with said, “From day one I knew it was going to be the right place.” Another relative told us, “There was good communication between the manager and families.” “The staff are really good at ringing and letting me know how my dad is.” Another relative said, “Everybody speaks and all the families know each other.” “It’s lovely and the home has a nice atmosphere.”

Staff meetings were held monthly and we saw that, where required, actions resulting from these were assigned to a named member of staff to follow up. We saw records that showed the manager had begun to hold regular team meetings and staff were given information and advice and encouraged to contribute to the running of the home. The manager used team meetings to provide staff with feedback from senior managers in the organisation which helped them to be clear about the aims and objectives within the service both locally and at provider level. The content of those meetings were also being monitored by the regional manager.

Local commissioners of the service told us that their most recent ‘quality standards’ assessment of the home had identified some continuing areas for action. The commissioners said they would revisit the service in March 2015 to validate the action plan submitted by the provider, and were closely monitoring their submitted action plan.

The manager showed us the monthly medication audit, which consisted of ‘tick boxes,’ and the audit did not show evidence of how the subsequent evaluation had been reached or the follow up action to be taken by staff. The provider’s regional manager also carried out monitoring visits.

We viewed the findings from the most recent visit which had been carried out in November 2014. This included checking a sample of records including staff files and care plans. One of the action points was for the manager to develop a care file audit matrix to ensure each one is audited according to a planned schedule. The manager told us he recognised the need to implement a more robust quality assurance system and undertake regular audits. We found that the systems in place to regularly assess and monitor the quality of services provided were ineffective, and not undertaken on a regular basis. They did not effectively assess and monitor quality, nor did they identify, assess and manage risks relating to the health, welfare and safety of users. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **People were not always protected against the risks associated with when required medicines because of the lack of written guidance on their use.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records **People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision **The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others**

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.