

Farehamcourt Limited

Farehaven Lodge

Inspection report

8 Nashe Close
Fareham
Hampshire
PO15 6LT

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09 December 2016

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?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 2 November 2016 and was unannounced.

Farehaven Lodge is a service that is registered to provide accommodation for up to 40 older people, some of whom are living with dementia. Accommodation is provided over two floors and there are stair lifts to provide access to people who have mobility problems. There were three lounges on the ground floor and a dining room that people could choose to spend their time in. At the time of our visit 28 people lived at the home.

Whilst a person is named on our register as being the registered manager, this person was no longer working at the home. A registered manager is a person who has registered with the Care Quality Commission (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 and associated Regulations about how the service is run. A new manager had been appointed and started working in the home on 19 September 2016. They advised us they would be making an application to become the registered manager. Throughout the report we refer to this person as the manager.

Following our last inspection on 4 and 5 August 2015 requirement notices were issued for breaches in Regulations 11, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not ensured appropriate application of the Mental Capacity Act 2005. They had not ensured that identified risks associated with people's care had been appropriately assessed and plans developed to mitigate such risks. Service user records were not always up to date and systems to assess and improve the quality of the service were not always effective in driving improvements.

At this inspection improvements had been made. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the provider had suitable arrangements in place to establish, and act in accordance with people's best interests if they did not have capacity to consent to their care and support. The manager understood their responsibility with regard to Deprivation of Liberty Safeguards (DoLS) and they had applied for authorisation under DoLS to ensure people were protected against the risk of being unlawfully deprived of their liberty. They were no longer in breach of Regulation 11 however we have made a recommendation that the provider review the system used to ensure best interests decisions are clearly documented and guidance for staff about authorised DoLS are referenced in care plans.

Improvements had also been made to the management of risk and the plans of care for people. Care records contained information to guide staff about the management of risk associated with people's needs. Staff were knowledgeable of people's needs and the support they required. The provider was no longer in breach of this element of Regulation 12. However the management of medicines needed to be improved. Multiple occasions were found which showed staff had signed to say medicines had been administered but this had not happened. This was a breach of Regulation 12.

Systems were in place to monitor and assess the quality of the service provided. Some records required further work to personalise them and ensure they were accurate and reflected people's needs. The manager had identified this need and developed an action plan to address this as well as other areas which required improvement. However, as the manager was new to the service they needed time to make the changes and embed these.

People felt safe and staff knew their roles and responsibilities in safeguarding people.

Thorough recruitment checks were carried out to check staff were suitable to work with people. Staffing levels were mostly appropriate to meet people's needs, although we have made a recommendation that the provider review the tool used to assess staffing levels and ensure this includes the night time period. Staff were supported to develop their skills through training and the provider supported staff to obtain recognised qualifications. Supervisions for staff had improved and the manager had met with almost all staff on a one to one basis. They had plans to undertake appraisals and plan training for 2017.

People's views on the choice of food were varied and the manager had identified the need to review the menus and choices available. People's intake was monitored and when additional health professional input was needed this was sought. Staff supported people to ensure their healthcare needs were met.

People told us the staff were kind and caring. No one had any concerns and said they were happy with the care and support they received. Staff respected people's privacy and dignity and used their preferred form of address when they spoke to them. Observations showed that staff had a kind and caring attitude.

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 this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The management of medicines was not always safe.

Staff had a good understanding of safeguarding people and knew their responsibilities in this.

Improvements had been made to the assessment and management of risks associated with people's needs.

Recruitment processes were safe and staffing levels were mostly appropriate but we have made a recommendation about this.

Is the service effective?

Good ●

The service was effective.

Staff were supported through supervisions and training.

Consent was sought from people and where people lacked capacity to make certain decisions the Mental Capacity Act was understood and applied, although best interest decisions were not always clearly recorded. We made a recommendation about this.

People's nutritional needs were met and people had access to healthcare professionals when they required this.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who understood their needs and were caring and compassionate.

Staff demonstrated an understanding of respect, privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives had been involved in the development of their care plans and staff were knowledgeable of people's needs. Staff demonstrated how they had responded to people's changing needs.

There was a clear complaints policy and people knew how to use this. People were encouraged to share their feedback.

Is the service well-led?

The service was not always well led.

Records were not always accurate and up to date. Systems were in place to monitor the service. A new manager was in post and had identified areas that required improvement. They had started to develop an action plan but needed time to work through this and embed identified changes.

Requires Improvement 

Farehaven Lodge

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 2 November 2016 and was unannounced.

Two inspectors carried out the inspection. Before the inspection we reviewed previous inspection reports and looked at our own records such as any notifications of incidents which occurred (a notification is information about important events which the service is required to tell us about by law). Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helped us to identify and address potential areas of concern.

During the inspection we spoke with four people, five staff and the manager. It was not always possible to establish people's views due to the nature of their conditions. To help us understand the experience of people who could not talk with us we spent time observing interactions between staff and people who lived in the home. We looked at care records for four people and the medicines records for everyone in the home. We looked at recruitment, supervision and appraisal records for four staff and training records. We also looked at a range of records relating to the management of the service such as activities, menus, accidents and complaints, as well as quality audits and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe living at the home and that staff were always there to support them when they needed it.

The manager told us prior to their arrival there was no system in place to report medicines errors, except a monthly medicines audit. They told us they had implemented a system the day before our inspection but had not yet carried out an audit of medicines. We found a number of medicine errors had occurred which had not been identified. We reviewed the medicines administration records (MAR) for everyone living in the home and compared this to the stock held. Between the 10 October 2016 and the date of our inspection we found that seven people on at least one occasion had a medicine signed as being administered but the tablet(s) remained within the blister pack. For two people, this was found twice for the same medicine. This had not been identified as a medicines error. Whilst staff carried out monthly audits the last had taken place on 26 September 2016. The last audit had identified issues from improvement such as ensuring no gaps in the recording of medicines and staff training which had been completed. The next due audit may have identified the medicines errors we found however not identifying medicines errors quickly means prompt action cannot be taken to address any concerns that may arise from not taking medicines. The manager told us they would investigate the errors and introduce weekly medicines, to try and ensure that if errors occurred these were identified quickly and action taken.

A failure to identify medicines errors and take appropriate action was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

PRN (as required) protocols were in place where these were prescribed. All but one of these described the medicine, dose, reasons for use and signs when this may be required. In addition it described how long it could be used before the GP may need to be contacted. However, we noted that for one person, one medicine prescribed PRN for anxiety related behaviours contained no information except the name of the medicines. Staff were able to tell about when this medicine was used, the dose and how they monitor this however, the lack of information in the records could leave the administration of this open to staff personal interpretation.

Each person's MAR contained information about allergies, "when required" and "variable dose" medicines. Risks associated with the administration of medicines were not always recorded. For example, three people were taking a medicine which thinned the blood. The risks associated with this medicine could include excessive bleeding following injury, illness due to blood clotting quickly and bruising. There were no risk assessments or care plans in place to identify these risks and how staff could monitor for and reduce these. However staff spoken with were aware of signs to look for and stated they would contact health professionals if they had any concerns. These people's blood required monitoring as a result of this medication. Their records showed this was done safely. These records contained test results, subsequent scheduled tests and the exact dose to administer.

Medicines were stored in locked trolleys in a locked room. Temperatures of the room storing medicines and

the medicines fridge were checked daily. Tablets and capsules were mainly administered from blister packs. Liquid medicines in other containers such as bottles and eye drops were clearly marked with the person's name and the date the container had been opened. Records of medicines received into the home were maintained by documenting this on people's MAR sheets.

Staff supported people to take their medicines and people told us they always received their medicines on time. Observation showed staff provided encouragement to people to take their medicines.

At our inspection in May 2015 we found that identified risks associated with people's care had not been appropriately assessed and plans developed to mitigate such risks and this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice and received an action plan following this which told us they would be compliant by 31 December 2015.

At this inspection improvements had been made to the assessment and management of risks associated with people's needs and this was no longer a breach. At our last inspection in May 2015 we found that where people lived with diabetes or seizures, the conditions had not been appropriately assessed and plans implemented to guide staff and reduce risks associated with the conditions. At this inspection we saw this had improved. People who were living with diabetes had plans to guide staff about their blood sugar levels, the frequency of blood sugar monitoring, the treatment they received, the signs and symptoms to monitor for risk associated with the condition and the actions to take should these risks present. For people living with seizures, plans were in place which provided guidance to support staff in monitoring and managing these. Staff spoken to had a good understanding of these conditions.

Personal Emergency Evacuation Plans were in place for people and detailed the support they would need in the event of an evacuation. Where people had made specific request such as locking their bedroom doors, the risk associated with this had been assessed and plans were in place.

Accident records were held centrally and falls were analysed on a monthly basis. These highlighted the possible cause of the fall and any action taken or to be taken. For example, the September 2016 audit recorded equipment in use to alert staff to people's movement as well as any other professional's involvement. The manager told us they intended to introduce a root cause analysis tool following accident and incidents occurring.

Recruitment records showed that appropriate checks had been carried out before staff began work. Candidates were required to complete an application form and were subject to an interview.

Following a successful interview, recruitment checks were carried out to help ensure only suitable staff were employed, including reference requests and Disclosure and Barring Service checks. These help employers make safer recruitment decisions to minimise the risk of unsuitable people from working with people who use care and support services. Staff confirmed they did not start work until all recruitment checks had taken place.

People felt staff responded to their needs promptly. Staff felt that staffing levels were generally satisfactory but one expressed concerns about night staffing levels and a second staff member expressed concerns that at times throughout the day due to the needs of one person the staffing levels could make it difficult to ensure this person's safety. The manager told us the staffing levels at the home included four care staff plus one senior staff between 7am and 9:30 pm. They told us how this had recently changed as senior staff were not always on duty through to 9:30 pm previously. They said they had increased the number of senior staff working in the home and had introduced the role of team leader. The manager told us they currently

operated with two night staff but felt that this needed to be increased by one member of staff and was recruiting for further night staff.

The manager and provider used a dependency tool to help them assess the needs of people. The manager told us they had recently completed this in October 2016 and showed us the summary. We noted that this did not cover the period of nights and only identified the number of staff required based on people's needs for the period of 7am – 9:30 pm.

In addition to care staff, the provider also employed kitchen and domestic staff to work each day and an activities co-ordinator. The manager told us how they had recently increased this member of staff hours to ensure they could provide more activities for people.

Our observations throughout our time in the home showed staff responded quickly to people's needs and requests, and had time to spend with people. However we were concerned that the level of staff at night may not be sufficient especially in the event of an emergency. For example, on one occasion accident sheets showed two people had accidents within 5 minutes of each other, one of these required hospital admission. On this occasion there were three night staff on duty but the manager told us that they were not confident how staff would have managed if there had only been two of them. In addition one person's Personal Emergency Evacuation Plan stated that at night they would need two care staff to support them to evacuate the building.

We recommend the provider review the tool used to assess staffing levels and ensure this includes the night time period to inform taking action to increase night time staffing levels, .

People were supported by staff who had a good understanding of the types of abuse and how to report this. Staff felt confident any concerns they raised would be dealt with appropriately by the manager and knew how to escalate any concerns they may have to the local authority or the Care Quality Commission.

Is the service effective?

Our findings

People expressed their satisfaction living at the home. They said they felt supported by staff who knew them well. They gave us varied feedback about the food choices.

At our inspection in August 2015 we found the registered person had not ensured appropriate application of the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice and received an action plan following this which told us they would be compliant by 31 December 2015. At this inspection, this had improved and was no longer a breach although we have made a recommendation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Where people had made specific requests such as to have their bedroom door locked this was clearly recorded. Where people were able to access the community independently, this was encouraged and supported.

The manager told us they had identified that some staff's knowledge of MCA 2005 and DoLS was limited and as such in order to give them reminders and help them they had put posters up, around the building, in staff only areas. Staff knowledge of the MCA 2005 had improved since our last inspection and staff we spoke to were able to tell us in detail how they supported someone to make decisions for themselves on a day-to-day basis. Mental Capacity assessments had been completed where required for decisions relating to the person's ability to consent to their care plans or to consent to living in the home. Although the mental capacity assessments had been completed we could not find clearly recorded best interests decisions however records showed that people's relatives were involved in the pre admission assessments and in the care plan development.

DoLS application had been made to the supervisory bodies where needed and those which had been approved were held in a central file. We noted that no conditions had been attached to the authorised DoLS we viewed however, the DoLS were not referenced in people's care plans and risk assessments developed about how staff may manage situations associated with the DoLS.

We recommend the provider review the system used to ensure best interests decisions are clearly documented and guidance for staff about authorised DoLS are referenced in care plans.

At our inspection in August 2015 we recommended the provider review their system of supervision and appraisal of staff. At this inspection staff confirmed supervisions meetings took place and said they found these to be helpful in their role. One told us these were two way discussions where they could talk about anything. The staff files we looked at confirmed supervisions had taken place for these staff members. The manager told us since they began in their role they had met with almost all staff on an individual basis to undertake supervisions meetings and they had a schedule showing when these had taken place. They told us that they felt it was important that they did this in order to get to know and understand their staff team. They told us in the longer term they planned to develop a schedule whereby each member of staff had an allocated supervisor. The manager told us they had not been able to find any appraisal records for staff but as they were new into the role they felt at this time it would be inappropriate for them to complete the appraisals with staff as they did not know them well enough yet. As a result they planned to commence these in the new year.

The manager confirmed any staff who were new to care, were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The manager and staff also told us that staff were encouraged and supported to complete a vocational qualification in health and social care. 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. Training was available in various subjects including health and safety, fire safety, safeguarding, mental capacity and DoLS. In addition training had been undertaken in dementia, skin integrity, diabetes and epilepsy. Staff spoken to demonstrated a sound understanding of these subjects and their role within these. They told us they there was plenty of training and if they needed anything they could just ask for it. The manager told us how they had supported the activities co-ordinator to access a training course that would support them in their role and how they were exploring a vocational based qualification for this person that specifically related to the role.

Feedback about the food was varied. Two people told us they enjoyed the food and there was plenty of choice while two other people told us they did not feel there was enough choice. One staff member said they felt the alternative choice especially for dessert was limited. The manager told us they had identified that the food choices were limited and was planning a meeting with the kitchen staff to look at the menu options.

There were two choices available on the menu and kitchen staff supported people to make their choice on the day. One care worker told us how they supported the kitchen staff to understand the best way to phrase sentences to enable to person to make a true choice. They also told us they felt people would benefit from pictures of the choices. The manager told us they planned to do this and we saw this recorded on their action plan.

People had care plans associated with eating and drinking, their preferences and the support they might require. For example, one person's plan referenced their health conditions and items they could not have due to their medicines. A second person's detailed how staff needed to encourage them to drink as if they did not drink enough it could lead to health complications for them.

People's weight was monitored regularly and staff told us if they had any concerns they would request the kitchen fortify the person's food and request a GP review or referral to dietician. Staff told us if they were concerned the monitoring of a person's food and fluid intake would take place. They told us fluid charts contained information about the ideal fluid intake for a person. Staff said these were evaluated each day and the information used to pass over to the next shift or for GP/dieticians as needed.

People had access to a range of healthcare professionals including opticians, dentists, GP and nurses. Referrals to other health professionals were made when required. People were confident that medical attention would be sought and that a GP or emergency services would be called if needed. One person told us how staff had responded quickly and sought medical attention following a fall.

Is the service caring?

Our findings

People were satisfied with the care and support they received. They told us they were well looked after and said all the staff were kind and caring.

Staff were knowledgeable and understood people's needs. Staff explained what they were doing when they supported people and gave them time to decide if they wanted staff involvement or support. Staff spoke clearly and repeated things so people understood what was being said to them.

Staff spent time talking with people and encouraged them to join in activities and talk about things that were important to them. People were offered choices throughout the day, such as where they wanted to spend their time, what they wanted to do, what they wanted to eat and drink. Their decisions were respected. Staff showed they had a caring attitude towards people and recognised when they needed support and provided reassurance. For example, one person became distressed and staff sat with that person talking to them calmly and quietly. Another person who chose to wander did at times cause distress to others. Staff were quick to identify this and used distraction techniques with this person such as tidying book shelves and folding towels.

People were encouraged to be involved in decisions about the home through monthly resident meetings. These gave people the opportunity to make any comments or suggestions whilst also keeping people updated about anything taking place in the home. The manager told us they had held a managers meeting with people and planned to do this on a regular basis. They told us they felt it was important that people knew who they were and felt able to approach them. We saw the first meeting held by the manager involved them sharing information about themselves and people also chose to do the same. The manager also asked people if there was anything they would like improving. No suggestions were made and people expressed their satisfaction with living at the home.

People's privacy and dignity was respected. Records for people were stored confidentially and only staff who needed these had access. Staff knocked on people's doors and waited for a response before entering. Staff used people's preferred form of address, showing them kindness, patience and respect. When speaking to people staff got down to the same level as people and maintained eye contact.

Is the service responsive?

Our findings

People told us they were not aware of having a care plan but said that staff knew them well. No one had any complaints but knew how to make a complaint if they needed to.

Before people moved into the home a pre assessment was undertaken to ensure the home could meet their needs. This included gathering information about the history, likes, dislikes and current needs of people. Staff told us these gave them a good level of information to be able to understand the support people needed, including any risks that may be associated with their care.

Following this assessment, care plans and risk assessments were developed. Staff told us people and or their relatives were included as much as possible in their care plans. They did this through talking with people and their families to establish what their needs and wishes were. Not every person we spoke with could recall this or their care plan but we saw evidence in people's records of theirs and their family's involvement.

Handovers took place at the beginning of each shift. Staff told us these included any issues that had occurred and any appointments or specific information for individual people. The manager told us they had introduced written handover sheets when they commenced their role in order to give staff some basic information about people's needs. Staff told us handovers helped to ensure all staff were aware of people's needs and able to respond to effectively to them.

Staff were knowledgeable about people's needs, preferences and the support they required. For example, we heard one staff member request they make another meal for a person because they did not like cheese, which had been placed on their plate. Staff were able to talk to us in detail about health conditions, how they monitored these and supported people to live with these. We saw staff responded promptly and effectively to people's changing needs. They took action to address concerns if they arose including accessing district nursing as needed, GP's and emergency services as needed. The manager told us about concerns relating to one person's health resulting in a hospital admission. Due to these concerns the manager was escalating this in order to ensure appropriate external professionals were involved and aware of the situation.

Feedback from people about activities was varied. Two people told us they had plenty to do and enjoyed the activities. One person told us there was not enough to do and the fourth told us that most of the activities did not interest them, this person said they chose to go out independently

The service had an activity coordinator employed for four hours a day five days a week. They produced a monthly newsletter to keep people informed of what was going on within the home such as any staff changes, people's birthdays and the planned activities for the forthcoming month. We saw there was a program of activities organised for every day. These included; board games, bingo, nail care and a selection of outside entertainers. The activities coordinator told us the manager was supportive of this role and was supporting them to further develop their skills and increase the activities that were available to people. We

observed people being offered a variety of activities throughout the day.

Care plans we looked at varied in content, some were very personalised, up to date and accurate, whereas others lacked detail and clear guidance. For example, one person's care plan regarding their diet and nutrition contained some information about their preferences and contained valuable information about fluids and their medicines. They had a hygiene care plan which contained information about their needs and preferences and guided staff. Staff were able to tell us what support a second person needed and preferred in relation to personal care, however their care plan folder contained no guidance regarding this. Staff were knowledgeable about this person's mobility needs but information in their care plan folder was conflicting. For example, one document referred to the person being able to walk with the aid of a frame whilst another record indicated they required the use of moving and handling aids. A third person's care records stated they suffered from depression and anxiety. Care plans and risk assessments for their anxiety included clear information and guidance to staff about the signs and possible triggers and support they needed. However, there was no care plan about how they were affected by depression.

The manager told us they had identified that not all information in people's care plans was person centred. This had formed part of their action plan and required that all care plans were updated and personalised. The manager told us they had now introduced four senior staff and a team leader role whose responsibility it would be to undertake the reviews and updating of care plans with people and their families, where appropriate. They had set a three month timescale for this to be completed.

There was a complaints procedure in place and on display by the front door. We saw resident meetings encouraged people to provide feedback and reinforced they could raise concerns with staff at any time. People knew how to raise a complaint but said they had not needed to. We reviewed the complaints records and saw that where complaints had been raised these had been dealt with in line with the provider policy and the satisfaction of the complainant with the outcome was recorded. People were encouraged to share their feedback through resident meetings and surveys.

Is the service well-led?

Our findings

At our inspection in August 2015 we found service user records were not always up to date and systems to assess and improve the quality of the service were not always effective in driving improvements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice and received an action plan following this which told us that the provider would be compliant with the regulation by 31 December 2015.

At this inspection there was a new manager in the home who had been appointed and started working on 19 September 2016. This meant the home was in a transitional stage in terms of management. The manager was spending time getting to know people and staff, reviewing systems and making changes and improvements. Whilst they had identified areas of improvement, they needed time to make the changes and embed these.

We found systems were in place to monitor and assess the quality of the service provided, including audits, meetings and actions plans. However, we identified that some records were not always person centred and required further work. There was a lack of risk assessments associated with medicines. As required medicines did not always have guidance for staff on when this should be used. Care plans at times were missing and not reflective of the person's needs. Best interests decisions were not clearly recorded. The failure to ensure records were accurate and reflective of people's needs placed them at risk of receiving inconsistent support based on staff personal interpretation. This was an ongoing breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst this remained a breach the impact this had on people living at the home was low as staff knowledge of their preferences and needs was good.

The manager told us about areas of improvement they had identified and changes they had made since starting their role. They told us they had spent time talking to people, relatives and staff as well as looking at records. The manager and staff confirmed they had made changes to the staff team, including increasing the activity co-ordinator hours, increasing the number of senior staff and the hours they work, introducing a handover record and they were in the process of reorganising care records for people.

The manager had developed an action plan to address the areas they had identified and were adding to this all the time. Whilst the manager told us they had not completed a formal audit of care plans yet we saw their action plan had identified areas of improvement needed such as; the improvements to care plans to ensure they were person centred and clearly organised. This action plan also identified the need to make improvements to handovers, support staff understanding of MCA and DoLS, review the menus and develop pictorial aids to support those who live with dementia to make choices. This plan recorded who would oversee the actions and a timescale for completing these. However, we noted the plan did not record the date the actions were identified in order to support the monitoring of this.

Generally staff spoke positively of the new manager. All but one staff member said they were confident in them and felt able to approach them at any time. They said they felt they would take action to address any

concerns and were making positive improvements. One however felt unable to express a view as they felt they had not worked with the manager long enough to make a judgement. The manager told us they had met with almost all staff on a one to one basis and had dates booked for staff meetings. They had introduced a senior staff meeting and held one of these at the time of the inspection.

Others systems were in place to support the monitoring and assessing of the service. The provider had a system of audits that the manager was required to complete. The manager showed us a plan they had developed to undertake these throughout the year. They told us any actions would form part of their continuous development plan. The manager had completed one audit at the time of our inspection which related specifically to the involvement of external health professionals for people. This recorded discussions with families who expressed satisfaction that staff worked proactively and kept them informed. It recorded discussion with staff about their knowledge of people's needs and clear recording of health professional's involvement.

The provider used an external company to support the quality monitoring of their services. The manager told us this company undertook an annual audit of the home, produced a report and made recommendations. The last audit of Farehaven Lodge took place on 17 October 2016 and the report was completed and sent to the provider on 22 October 2016. This identified areas of improvement similar to our findings, including better care and vigilance with medicines and night staffing to be kept under review. Some areas highlighted had been actioned including the analysis of accidents to be more frequent and detailing the number of tablets administered when the dose is variable. The manager told us they had seen this report and had started to include recommendations into their action plan.

The manager told us the provider had recently requested feedback via the use of surveys but the results had not yet been collected and analysed. They told us once this had been completed it would be sent to them and any actions would be added to the development plan and taken forward.

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had failed to identify medicines errors and take appropriate action. Regulation 12(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not ensured records were accurate and reflective of people's needs. Regulation 17(2)(c)