

Potensial Limited

Middleton Lodge

Inspection report

Station Road
Middleton St George
Darlington
County Durham
DL2 1JA

Date of inspection visit:
21 April 2016

Tel: 01325333993
Website: www.potensial.co.uk

Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 21 April 2016. The inspection was unannounced and took place following concerns raised with us. We previously inspected this service on 9 September 2015 and the service was rated as 'Good'.

Middleton Lodge is a residential care home based in Middleton St George on the outskirts of Darlington, County Durham. The home provides care for people with learning disabilities, physical disabilities and Autism. The home is situated close to local amenities and transport links. The home is registered to provide accommodation and personal care for ten people and on the day of our inspection there were six people using the service.

The provider had recently appointed a new manager who at the time of our inspection wasn't yet registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We spoke with a range of different team members; the chief operations manager, the regional director, the manager and care staff who told us they felt positive about the new manager and supported by them. Throughout the day we saw that people who used the service and staff were comfortable, relaxed and had a positive rapport with the manager and with each other. The atmosphere was welcoming. We saw that staff interacted with each other and the people who used the service in a friendly, caring, positive manner.

We observed how the service administered medicines and how they did this. We looked at how records were kept and spoke with the management team about how staff were trained to administer medication and we found that numerous medication errors had been made and administering process was being improved and audited to reduce errors occurring.

We looked at how the service looked after people's monies and how they were kept safe. We found that the financial audits were not highlighting issues and we brought this to the attention of the manager.

From looking at people's care plans we saw they were written in plain English and in a person centred way. A 'person-centred' approach focuses on the individual's personal needs, wants, desires and goals so that they become central to the care and support process. The care plans made good use of personal history and described individuals care, treatment, wellbeing and support needs. These were regularly reviewed by staff and updated by the manager.

Individual care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care plans we viewed also showed us that people's health was monitored and referrals were made to other health care

professionals where necessary for example: their GP, mental health team and care manager.

Although on the day of our inspection people who used the service were supported by sufficient numbers of staff to meet their care needs. However we could see from the previous staffing rotas that there had been recent issues where people who used the service were not supported by enough staff.

When we looked at the staff training records they showed us staff were supported and able to maintain and develop their skills through training and development opportunities. We found that some training was due to expire and staff would need to attend refresher training imminently.

When we looked at supervision and appraisal records we saw that these had not been carried out regularly. Care staff we spoke with told us they had recently started to get regular supervisions and appraisals with the manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs.

We also viewed staff recruitment records that showed us there were robust recruitment processes and checks on new staff in place to make sure they were suitable to work with vulnerable people.

During the inspection we witnessed the staff rapport with the people who used the service and the positive interactions that took place. The staff were caring and attentive when communicating and supporting people.

People were encouraged to participate in activities but these were not always planned in advance to reflect people's preferences. We saw staff spending their time positively engaging with people on a one to one basis. We saw evidence that people were being supported to go out but this was not always consistent.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We saw people enjoying their meals. However the daily menu that we saw offered choices but these had not been devised with the people who used the service to incorporate their likes and preferences.

We saw a complaints and compliments procedure that was in place and this provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. We saw evidence of complaints made and how these were taken up and they were recorded appropriately.

We found a quality assurance survey had taken place previously and we looked at the results. Relatives told us that they had been asked to take part in the surveys. The service had been regularly reviewed through an internal and external audits and there were actions identified that were on going to make improvements to the service.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We found the service was working within the principles of the MCA.

During the inspection we found breaches of the Health and Social Care Act 2008 and Regulations. You can

see what action we told the provider to take at the back of the full version of the 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?

This service was not always safe.

The recording of medicines was not carried out correctly and medicines were not stored safely. □

At times the service didn't provide sufficient staffing levels with the right skills mix, knowledge and experience to keep people safe.

Staff knew what to do when safeguarding concerns were raised and they followed effective policies and procedures

Requires Improvement ●

Is the service effective?

This service was not always effective.

Staff were not regularly supervised.

Staff training was in place but some needed refreshing.

People's nutritional needs were met but choice was limited.

The service understood the requirements and principles of the Mental Capacity Act 2005 and put them into practice to protect people.

Requires Improvement ●

Is the service caring?

This service was caring.

People were valued and treated with kindness, compassion and their dignity was respected.

People had access to advocacy services to represent them.

Staff showed consistent concern for people's wellbeing.

People were given the privacy they needed.

Good ●

Is the service responsive?

This service was not always responsive.

Care plans were person-centred and reflected people's preferences, interests, and aspirations.

People's activities were not always planned and organised to ensure they took place regularly.

Some people and those that mattered to them were not actively involved and able to make their views known about their care, treatment and support.

The service had a responsive complaints and compliments procedure in place.

Requires Improvement ●

Is the service well-led?

This service was not always well led.

There was no registered manager in place at the service.

There were quality assurance systems in place to review aspects of the service. Investigations into whistleblowing, safeguarding, complaints/concerns and accidents/incidents were thorough.

There was an action plan in place to implement improvements to the service.

Requires Improvement ●

Middleton 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 21 April 2016 and was unannounced. This meant that the service were not expecting us. The inspection team consisted of two Adult Social Care inspectors. At the inspection we spoke with three people who used the service, four relatives, the manager, the regional director, operational manager and seven care staff.

We looked at two people's care plans from the service, five staff records that included recruitment and supervisions and five staff training records.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including the local authority contracts team who were able to share their views with us.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how staff interacted with people who used the service and with each other. We spent time watching daily routines to see whether people had positive experiences. This included looking at the support that was given by the staff, by observing practices and interactions between staff and people who used the service.

We also reviewed records including medication records, safety certificates, care plans and records relating

to the management of the service such as audits, rotas, complaints, action plans, surveys, minutes of meetings and policies.

Is the service safe?

Our findings

People who used the service told us they felt safe living at Middleton Lodge. One person who used the service told us, "Yes I'm safe here." Another told us; "Safe, yeah." We also asked peoples relatives if they thought their family members were safe at Middleton Lodge and they told us; 'Yes [name] wouldn't be there if I didn't think it was safe.' Another relative told us; "At the moment no I don't think [name] is safe because of all the coming and going of staff, I don't know why that is. But for me how can I be sure that they know [name] needs." Another relative told us; "I think there is enough staff to be safe. I know there's a big turnaround of staff and that's a problem."

We spoke with the manager about staffing levels. They told us how many staff they needed to support people safely and they explained how this was calculated and that between four and five staff needed to be in the service to meet people's needs. When we looked at the rotas we could see that there were times when only three staff were in the service. During this period when there was three staff in the service one of the staff members was newly appointed and still within their induction period and this meant that people would not be supported by sufficient numbers of skilled staff.

When we asked the manager about this period of time in the rota they explained that they had an issue with staff sickness at that time and that staff attendance was now improved and the current rota reflected this. They explained that when there is a staff shortage the staff report it to the on call manager who will then advise the staff of safeguarding arrangements for that day to ensure that staffing levels are safe. The manager was unable to show us if that procedure had been followed at that time.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed all aspects of medicines with the manager and regional director. Who explained that they were currently improving the system and this was as a result of an external pharmacy audit. The improvements were being introduced to reduce the amount of errors previously recorded.

We observed a member of care staff administering medicines while they were being assessed by the regional director who was checking their competency in medicine administration. The staff member we observed demonstrated a thorough knowledge of policies and procedures and a good understanding of medicines in general. We saw that the controlled drugs cabinet was locked and securely fastened to the wall. We saw the medication records, which identified the medicine type, dose, route and frequency and saw they were reviewed monthly and were up to date. We examined the controlled drugs prescribed and a stock check; we found records to be accurate.

We saw there was evidence of sample signatures of staff administering medicines. There was also a copy of the home's policy on administration, and 'as and when required' medication protocols. These were readily available within the MARs folder so staff could refer to them when required. Each person receiving medicines had a photograph identification sheet, and preferred method of administration and a record of any allergies. On reviewing MAR documentation we observed no recent omissions of medicines.

We looked at the application of prescribed medicines, such as topical creams in one person's records and we found that this was not clearly recorded on a body map where the creams should be applied. The body map was stored within the (MAR) sheet but was blank, although records were signed appropriately indicating that the creams had been applied at the correct times. When we brought this to the manager's attention they told us that they would address the blank records with the staff team. This meant that the administering of prescribed creams was not recorded correctly.

We saw the temperature of the room that the medicines were stored was not regularly recorded and here was a gap of 9 consecutive dates during March 2016. We saw that when people who used the service went out for the day they took medicines with them and this was not always recorded when they were taken out or when the medicines were returned to the service and that they had been checked. We found that stock checks of oral suspension liquid medicines were not carried out regularly. The manager was unable to tell us why these temperatures were not recorded. This meant that the medicines may have been at risk if correct temperatures were not maintained to ensure safe storage.

We saw that night staff regularly audited the medicines and highlighted issues but it was unclear if the actions were carried out following this. When we asked the manager they agreed it was not clear.

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

The service also had policies and procedures for safeguarding adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. We saw in the records that safeguarding alert had been made appropriately.

The staff we spoke with were aware of who to contact to make safeguarding referrals to or to obtain advice from. Staff told us that they had received safeguarding training within the last three years. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us, "I would contact the manager at first, or the on call manager and then the CQC."

The service had a Health and Safety policy that was up to date. This gave an overview of the service's approach to health and safety and the procedures they had in place to address health and safety related issues. We also saw that a personal emergency evacuation plan (PEEP) was in place for each individual who used the service. PEEPs provided staff and other professionals with information about how they could ensure an individual's safe evacuation from the premises in the event of an emergency.

We saw records of maintenance and monthly health and safety checks for the equipment used in the home to support this. We also saw records of other routine maintenance checks carried out within the home. These included regular portable appliance testing (PAT) checks of electrical equipment, water temperatures, room temperatures and cold water storage. This showed that the provider had in place appropriate maintenance systems to protect staff and people who used the service against the risks of unsafe or unsuitable premises or equipment. When we asked staff about these checks they told us; "I check the hoist is working first and the slings before we use them, I check them for frays. We wash and dry them separately too ensure they don't get damaged."

Regular fire alarm testing was carried out in the home and we saw this recorded along with fire door checks, fire alarm testing, escape routes, fire extinguisher checks and emergency lighting testing.

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that risk assessments were in place in relation to the people's needs such as nutrition, falls and skin care. This meant staff had clear guidelines to follow to mitigate risks. We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of re-occurrence. The manager showed us this system and explained the levels of scrutiny that all incidents, accidents and safeguarding concerns were subjected to within the organisation. They showed us how actions had been taken to ensure people were immediately safe.

Staff files we looked at showed us that the provider operated a safe recruitment system. The staff recruitment process included completion of an application form, a formal interview, and two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and/or vulnerable adults.

We found there were effective systems in place to reduce the risk and spread of infection. We found all areas including the laundry, kitchen, bathrooms, lounges and bedrooms were clean, pleasant and odour-free. We observed hand washing practices and staff confirmed they had received training in infection control and made use of protective clothing and equipment.

Is the service effective?

Our findings

During our inspection we looked at five staff records and the supervision and appraisal timetable that covered the last twelve months. From this timetable we could see that six members of staff had only received two supervisions and three staff had only received one supervision. This meant that staff were not sufficiently supervised to carry out their role.

For any new employee, their induction period was spent training and shadowing more experienced members of staff to get to know the people who used the service before working alone. New employees also completed induction training called 'skills for care' to gain the relevant skills and knowledge to perform their role. Staff had the opportunity to develop professionally by completing the range of training on offer. We found that three members of staff had incomplete induction records and when we spoke with staff we received mixed feedback. One staff member told us; "I had a mentor and I felt supported with my induction, I think it's all signed off." Other staff told us "No I didn't feel supported at all and had guidance to start with and then that all stopped." This meant that staff were not consistently inducted into the service.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the staff training files and these showed us the range of training opportunities taken up by the staff team to reflect the needs of the people using the service. The courses included; medication, manual handling, nutrition, Autism, first aid, epilepsy and also vocational training for personal development. We could also see that some staff had started their NVQ (National Vocational Qualification) Level two in health and social care. We could see that a number of the courses were about to expire the following week. The Manager had highlighted these dates on the training matrix and explained to us that they were aware of this and staff were currently updating them.

On the day of our inspection there was a well-attended staff meeting taking place and when we spoke with staff members they gave us mixed feedback regarding the value of such team meetings, one staff member told us; "The meetings are good, we are arranging some team building too." Another member of staff told us "I never went to the last one because the last few were all about getting told off and not about the residents and improving their lives." When we spoke with the manager they told us there were more meetings planned and that they were becoming more effective.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. Throughout the inspection we observed people being offered a selection of drinks and snacks and support to have them if needed. The menu that we looked at offered one main meal and an alternative. When we spoke with staff they told us that the current menu wasn't working and wasn't developed with the people who used the service. Staff told us that they were introducing a new menu that covered four weeks and incorporated peoples choices and preferences.

We saw that some people needed special diets for example where these had been assessed by the Speech

and Language Therapy (SALT) team. We found there were very detailed plans in people's records and these were accessible to all staff including those who prepared meals.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that DoLS applications had been submitted to the local authority and the manager understood their responsibilities with regard to DoLS. This meant the provider was following the requirements in the DoLS.

The Mental Capacity Assessment records we looked at confirmed that assessments had been carried out regarding people's capacity to make particular decisions. We also saw records of best interest decisions which involved people's family and staff at the home when the person lacked capacity to make certain decisions. This meant that the person's rights to make particular decisions had been upheld and their freedom to make decisions maximised, as unnecessary restrictions had not been placed on them.

We discussed DoLS with the manager who was aware of their responsibilities with regard to DoLS. We saw staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards. This meant the provider was following the requirements in the DoLS.

Where possible, we saw that people were asked to give their consent to their care, before any treatment and support was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals.

During our inspection we noted that the environment was adapted to suit the needs of the people who used the service. Each person had their own identifiable front door. Bedrooms were personalised and had on suite bathrooms with suitable adaptations made.

We saw records that showed us a wide range of community professionals were involved in the care and treatment of the people who used the service, such as community nursing and the speech and language therapy teams. Evidence was also available to show people were supported to attend medical appointments and was this clearly recorded in their care plans.

Is the service caring?

Our findings

When we spoke with relatives of the people who used the service we asked them how they thought their relatives were treated at the service and they told us, that although there had been staff changes at the service, they thought the staff there were caring and supportive. One relative told us; "The staff help [name] to make choices for themselves and I'm quite pleased with them." Another told us; "My relative seems very happy there."

We saw staff interacting with people in a positive, caring and professional way. We spent time observing the support taking place in the service. We saw that people were respected by staff and were treated with kindness. We saw staff communicating well with people and enjoying activities together.

People who used the service were supported by the care staff to maintain their independence and this was reflected in their care plans. When we asked the staff how they promoted peoples independence they told us; "We encourage them to do as much for themselves as they can, like when supporting someone with their personal care." Another told us; "[name] has limited movement but we always encourage [name] to move and they try and with our encouragement they can do the little bit that they can do."

The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for at all times and told us that this was an important part of their role. One member of staff told us, "We always make sure the curtains are closed and doors are closed when supporting people with personal care in their rooms." We observed staff supporting people to access their rooms discretely and this meant staff respected people privacy and dignity.

Throughout the inspection the care staff were attentive and relaxed with the people they were supporting. We found the staff were affectionate. We spent time observing people in the lounge, dining area. When we spoke with staff they told us how they enjoyed working with the people who lived at Middleton Lodge and they told us; "The best thing about working here is the residents, they are the best. I can have a laugh with them. I've got to know them all well now and feel I have a good relationship with them all." Another told us; "The reward I get from working with the people who live here is positive. I can come in then leave knowing that I have helped people."

The service had a 'key worker' system in place and this meant that people were allocated a key member of staff who would help them with making choices and updating their care plans. One member of staff told us; "I am [name] key worker and they are the nicest person I've ever met. I do their care plan summaries at the end of the month. I support [name] at their reviews with the social work team, plan holidays with them and what outings [name] enjoys."

We saw that there were posters on display for visitors and people who used the service to explain how they could access support from an advocate, as well as relevant contact details. This meant people who used the service had access to others who could act on their behalf and in their best interests. Everyone you used the service had an advocate and we could see that they had visited recently and were involved in people's lives.

This meant that the service respected people's rights.

Is the service responsive?

Our findings

When we spoke with people who used the service about their care plans, one person told us; "It's my review this week. I'm having a meeting; I'm looking forward to the meeting." This showed us that people were involved in the planning of their care.

When we looked at the care plans we could see that they were person centred. A 'person-centred' approach focuses on the individual's personal needs, wants, desires and goals so that they become central to the care and support process. They were presented a format and focused mainly on the person first. The care plans gave in depth details of the person's care needs and risk assessments. The care plans gave an insight into the individual's personality, preferences and choices and they contained history information about the person and also their likes and dislikes. The care plans contained lots of detail and a one page profile that was used to learn about the person at a glance.

We asked relatives if they were involved in people's care plans and we received different views. One relative told us; "Yes I've been invited to the meeting." Another told us; "I'm waiting to hear as I don't feel very included." Another told us; "I don't know about the care plan or what's going on I don't get any feedback." We informed the operational manager who told us; "We are planning to hold a meeting with families to get them more involved and if they can't make the meeting and come to us we will go to them."

Within peoples care plans there were details regarding activities that the people enjoyed taking part in, but there were no plans in place to ensure these activities took place regularly. When we spoke with people who used the service they told us that they enjoyed their activities and outings one person told us; "I'm going on holiday soon." Another told us; "I am going on holiday and I just enjoy chilling out, I like to relax."

When we spoke with staff and relatives about the level of person centred support that people were offered in response to what they have in their care plans and we received mixed reviews. One relative told us; "I know that [name] hasn't been getting out as often as they used to." Another told us; "I'm aware that [name] is getting out and about when they can." Staff told us that regular activities didn't always go ahead because of staffing issues and that they were ad hoc and not regularly planned. One member of staff told us; "Some people don't get out as much. I don't know why it can't get organised." Another member of staff told us; "We try our best to get people out and we have talked about it in the team meeting, it will improve." When we brought this feedback to the attention of the management team they told us "We are aware of issues and are monitoring staff."

We could see that there were meetings for people who used the service to attend and discuss activities or raise any issues and discuss matters around the home. These meetings were monthly and were recorded using pictures and the agenda was planned in advance with the people who used the service. We saw in the minutes that the people had discussed colour schemes for the hallway and we could see this had been followed through. When we asked the people who used the service about this they told us that they chose the colour and one person told us; "Yes I helped, I like yellow." Another person had requested to make valentines cards at the February meeting and we asked them if this happened and they told us they had

made one. This showed us that people's views were taken on board within the service.

A handover procedure was in place and we saw that a sheet was filled in by the staff at the end of their shift. The handover record was fully completed for April but March and February records were incomplete. We raised this with the manager and they explained that from April a new handover form was introduced that the staff liked better and this was now being completed and communication was improving.

When we asked the staff and relatives if they knew how to make a complaint they told us, "I would go straight to the manager and if they were not around I would contact the on call manager." Relatives also told us that they knew how to raise issues if they needed to. One relative told us; "I would call the manager. I've never had to complain but I would call them and tell them or I would go to the CQC."

Is the service well-led?

Our findings

At the time of our inspection visit, the home didn't have a registered manager. A registered manager is a person who has registered with CQC to manage the service. The provider had employed a manager that had been at the service for 5 weeks but was not yet registered.

The staff members we met with told us that they thought the manager in place had made some improvements in their short time at the service and that they were positive about them. One member of staff told us "They seem very approachable and supportive." and one relative told us; "The new manager seems very good."

We looked at three peoples financial records and found in two peoples recent records that there were three transactions made and there was no receipt provided. We looked at the finance audit that was carried out and this didn't identify this. When we looked at the way that the transactions were recorded we could see that were errors made. We discussed this with the manager who told us that they were aware of the issue with receipts and would be addressing it with the staff that day at the team meeting. They also were in the process of introducing a better recording system to reduce mistakes in the recording of transactions.

We could see that the manager had introduced new systems with staff communication and within the staff training and staff files. The manager told us how they planned to make improvements to the service and told us; "I'm carrying out regular audits with the staff and the team meeting was very vocal and the staff seems much more positive than the last staff meeting, my first one was very quiet."

We saw copies of complaints made and we saw evidence of how these were responded to by the manager and they were recorded appropriately.

During our inspection we spoke with the staff and the manager about how links with the local community were made as the service was situated in small village. The manager and staff told us that visits to the local community were being planned and that people accessed two local pubs, shops regularly and the nature reserve when the weather was better.

We saw there were clear lines of accountability within the service and external management arrangements with the provider. We saw quality monitoring visits were carried out by the provider and these visits included the following; staffing, medication, health and safety, and facilities. The manager also carried out quality assurance checks and had an action plan in place to address issues raised from their own findings and from the provider. The service was also working towards a service improvement action plan following a recent local authority contracts team audit and a pharmacy audit.

We saw there were arrangements in place to enable people who used the service, their representatives, staff and other stakeholders to have their say in the way the service was delivered. For example, the service had a quality assurance and quality monitoring questionnaire in place. These were based on seeking the views of people who used the service, their relatives, friends and health and social care staff who were involved with

the home.

The regional director showed us how they adhered to company policy, risk assessments and general issues such as health and safety and incidents. We saw analysis of incidents that was monitored by them and then went to a regional panel for further scrutiny. Where incidents had occurred and had the potential to result in harm, we were shown actions that had been put into place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare, and safety. We saw the system for self-monitoring included regular internal audits such as accidents, incidents and environmental health and safety.

The service carried out a quality assurance survey that took place annually the results were collected and analysed to make improvements to the service. Relatives told us that they had received the survey and one relative told us; "I always send in my feedback, I have no problems and always give positive feedback."

We saw that most records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act. All the policies and procedure we looked at had all been recently reviewed in 2016.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Arrangements to ensure the safe management recording and storage of medicines were not in place.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified staff were not appropriately deployed at the home. Staff did not receive appropriate levels of supervision and appraisal to enable them to carry out their role.