

# Shanti Healthcare Limited

## Kestrel House

### Inspection report

75 Harold Road  
London  
E11 4QX

Date of inspection visit:  
30 August 2017

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#### Ratings

Overall rating for this service

Requires Improvement ●

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

# Summary of findings

## Overall summary

This inspection took place on 30 August 2017 and was unannounced. We first inspected the service in October 2015 when the service was rated as inadequate and placed into special measures. We asked the provider to take action to make improvements in relation to consent, safeguarding people from abuse, meeting nutritional needs, safe care and treatment, person-centred care, good governance and notification of other incidents.

At our last focused inspection in May 2016 the service was rated overall as requires improvement. Although the provider had made improvements since our last comprehensive inspection in October 2015, we found mental capacity assessments were incorrectly completed and better understanding of the Mental Capacity Act 2005 and associated guidance was required for staff. We made a recommendation to this effect.

At this inspection we found that staff were not able to explain what the MCA meant in relation to the people they worked with and some had not received training in this area.

Kestrel House provides care and support for up to 19 people with mental health needs. At the time of our inspection 18 people were living at the home.

The registered manager was away on leave on the day of our visit. 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.

Staff felt supported by the registered manager and received supervision and yearly appraisal.

Safeguarding procedures were in place. However, some staff did not have an understanding of what constituted abuse.

Infection control practices were not always followed. We found food incorrectly stored and opened food unlabelled in the fridge. Areas of the kitchen were in need of cleaning.

Medicines were not managed safely and there were gaps in medicines administration records, including missed medicines and out of stock medicines.

Staff were subjected to the necessary checks before starting work. However, we found gaps in staff training in areas such as the Mental Capacity Act 2005 (MCA) and safeguarding.

Risk assessments were detailed in places and provided staff with information on how to mitigate the risks identified. However some gaps were noted relating to specific health risks, such as diabetes.

Systems to monitor the quality of the service were not effective and did not ensure that the quality of the service was maintained. The registered manager failed to have oversight of the service and did not conduct regular audits to ensure the service operated effectively. We found care records for people living at the home had a number of gaps.

In spite of a number of incidents where staff safety had been compromised, the risks to staff who worked alone had not been assessed.

People's nutritional needs were met and people participated in activities. People felt they were given choice and staff treated them with dignity and respect.

People and staff felt at busier times that the service would benefit from having additional staff. We made a recommendation regarding staffing levels.

We found four breaches of the regulations relating to safeguarding, safe care and treatment, consent, staff training and governance.

Full information about CQC's regulatory response to any concerns found during inspections is added to the back of the full version of the reports after any representations and appeals have been concluded.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe. People told us they felt safe with staff. Not all staff demonstrated a good understanding of safeguarding procedures. Medicines were not always managed safely. The provider identified and assessed risks, but we found gaps in relation to specific risks.

Staff were subjected to the necessary checks before being employed. Staff rotas were maintained and staffing numbers were based on level of need. Staff felt they could do with more staff to manage behaviours that challenged the service.

The service did not always meet infection control requirements.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective. Staff had received some training, but not in key areas such as safeguarding, MCA and DoLS, mental health and dealing with behaviours that challenged the service.

DoLS authorisations were in place for people who had restrictions place on them for their own safety.

People's nutritional needs were met and people had access to healthcare professionals as necessary.

**Requires Improvement** ●

### Is the service caring?

The service was not consistently caring. Staff knew people well and people were treated with dignity and respect. However, people's privacy was not always respected in the way medicines were administered.

People's preferences for advance care planning were incorrectly documented.

Care plans were person centred contained information about people's background, cultural and religious needs. Care plans were written in other languages.

**Requires Improvement** ●

### Is the service responsive?

**Good** ●

The service was responsive. People received individualised care from staff who understood their needs and preferences. People's likes and dislikes were recorded in their care notes.

People were encouraged to maintain relationship with people. People and relatives felt able to make a complaint.

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

The service was not consistently well-led. The service was not effectively managed. Systems to monitor the quality and the safety of the service were not always effective. Staff felt supported by the registered manager. Most people found the registered manager approachable.

**Requires Improvement** 

# Kestrel House

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 30 August 2017 and was unannounced.

The inspection team consisted of two inspectors, a pharmacist specialist advisor and an expert-by-experience in mental health. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.'

Before our inspection, we gathered information the Care Quality Commission (CQC) had received about the service including notifications from the service. A notification is what the provider is required to report on 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.

We spoke with 11 people who used the service and observed care and interactions between people and staff. We also spoke with six staff, including the deputy manager, senior support worker, chef and three support staff. We contacted the local authority and spoke with the contract manager and a health and care professional. We undertook general observations and reviewed relevant care records for seven people, including care plans, risk assessments and other records relating to people's care. We reviewed medicines administration records for 18 people and reviewed other relevant information, including policies and procedures. Following our inspection the senior support worker sent us information relating to medicine management and safeguarding concerns.

# Is the service safe?

## Our findings

People told us they felt safe living at the home. Comments from people included, "Yes feel safe, always feel safe, the staff are alright" and "I like living here, feels safe, I like the food."

Notwithstanding the above, we found a number of areas where the provider had not ensured the safety of people. Medicines were not always managed safely. We found a number of gaps in people's medicines administration records (MAR) and safe medicines management processes were not always followed. For example, we observed that one person had their medicines signed for before the person had taken them. This meant the staff member signed the MAR before they could be assured the person had taken the medication. We found this to be an unsafe practice, as the staff member did not make sure that the person had taken their medicines before signing the MAR. On one occasion the night time medicine for one person was still in the blister pack despite being signed on the MAR by two staff as given. On the 26 and 28 August 2017 medicines were marked as unavailable for one person, yet on the 27 August 2017 they were signed as having been given despite the medicine not being in stock. All these missed doses were confirmed by staff. Therefore we could not be confident that people received their medicine as prescribed which put them at risk of becoming unwell. We noted one person had started to refuse their medicines. We saw clear guidance from a community mental health team (CMHT) which described the action staff needed to take if this occurred. Staff told us that the CMHT were aware of the person's ongoing refusal of treatment but could not provide a record in support of this on the day of our inspection. This put the person at risk of becoming unwell.

Some people were able to self-medicate. However, we saw that staff were not always carrying out the agreed weekly audits. This meant staff could not be assured that the people had taken their medicines as prescribed.

A number of newly ordered medicines had not been added to people's MAR. The provider had a pharmacy returns book in place, however, we were unable to cross check returns as these had been completed without the carbon copy being generated and there was no legible list at the home available for us to check. There were no protocols to guide staff in the use of 'as and when' required (PRN) medicines.

Systems for recording and maintaining appropriate temperatures in fridges where medicines were stored were insufficient. There was a medicine fridge kept in the duty office, this was found to be unlocked. Records showed the maximum acceptable temperature (8 degrees Celsius) had been breached on numerous occasions over a number of months. On the day of our inspection the fridge temperature had reached a maximum of 17 degrees Celsius. This fridge had been used for several months to store antipsychotic medicine. The manufacturers guidance for the storage of this medicine stated 'The entire dose pack should be stored in the refrigerator at (2-8°C). If refrigeration is unavailable, [it] can be stored at temperatures not exceeding 25° C for no more than 7 days prior to administration.' We informed the senior staff member in charge and asked them to take immediate action. The assistant manager sought medical advice from the pharmacist and was advised to dispose of the medicines and obtain a new prescription. Records showed that the fridge had not worked correctly since October 2016. The provider took immediate action following

our inspection and confirmed that they had purchased a new fridge on Monday 4 August 2017.

Infection control practices were not always adhered to. We observed that during tea time people using the service and staff used their hands to give out the biscuits placing them on the table. The area under the fridge which was used as a storage cupboard was dirty and the rubbish bin did not have a lid. We could not be assured that the provider had recognised these health and safety issues as they had not taken action to rectify them or mitigate the risks. This meant people were at risk of harm due to poor infection control practice.

An inspection in March 2017 by the Food Standard Agency (FSA) had rated the service as three (out of five) and although some actions arising from their visit had been acted upon, such as checking food temperatures, others had not been actioned including the need to deep clean the kitchen area. Feedback from the FSA officer indicated that this rating was lower than expected for a residential care home. Staff told us that this was due to the faulty extractor fan and an unclean kitchen. We were informed by staff that the registered manager had plans to install a new kitchen as the existing one was over 20 years old. They further said, "I clean the kitchen (deep cleaning) every two/three weeks." The provider did not have a cleaning rota in place. We were sent a copy of the FSA report given to the provider which highlighted amongst other areas the need for staff handling food to be trained to level 2 in hygiene and catering or to be supervised by staff trained at this level. We were concerned about the way food was stored. Food was not always correctly stored in the refrigerator, for example raw meat was stored on the top shelf with bread on the shelf below. This put people at risk of eating contaminated food. We found sauces which should be consumed within a specified number of days, had been opened but not labelled to show when they had been opened. This put people at risk of harm as safe food hygiene practices were not in place. Following our inspection the registered manager sent an action plan documenting that most actions identified by the FSA had been completed, with the exception of the hygiene and catering training which was planned for November 2017.

We found gaps in risk assessments relating to specific health risks addressing, for example, risks associated with type 2 diabetes, had not been carried out. This put people at risk of receiving care and treatment that was inappropriate or unsafe.

The above issues relate to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We found that there was some good practice in relation to medicines management. Medicines stored in the medicine room were stored appropriately and the temperature of the room was monitored daily and recorded as within target. People had medicine profiles in place with their MAR. People's medicines were regularly reviewed and these reviews were documented in care plans and the communication diary. There was also evidence of good support from the community mental health team who carried out reviews. Staff worked closely with the district nurse team who provided routine blood testing for people to ensure their medicine prescriptions were still appropriate. The dates blood tests were required were documented on people's MAR and these cross referenced with visits from the district nurse recorded in the home's diary. This meant that systems for monitoring and management of certain medicines were robust.

There was a safeguarding policy in place which provided staff with guidance on what to do should they suspect abuse. However, records showed and staff confirmed that they had not received training in safeguarding. Whilst some staff understood abuse and how to report any suspicions, most staff we spoke with were not able to tell us what constituted abuse. Staff described abuse as keeping people's belongings private, being aware of illness, and how to deal with people's moods and behaviour. One staff member told us, "If I notice any bruises or marks, I will ask the person in charge about the bruise, take [person] to hospital



or the GP. My job is to keep my clients and myself safe." Some staff were unable to give examples of types of abuse other than verbal or religious abuse.

Following the inspection we spoke with the registered manager who told us that staff had completed safeguarding training this year, and they had just received the certificates from the external trainer. They also told us that the trainer carried out checks on staff to ensure they understood their role in reporting and responding to abuse. We saw some evidence of this in discussions that had been held with staff about the meaning and their understanding of safeguarding, even though staff could not recall having received safeguarding training. The auditor had suggested refresher training in this area and this had been addressed by the provider. However, the training had not been effective in ensuring that all staff understood their role in recognising the signs of abuse. This meant people were not protected from the risk of abuse because staff were not aware of what constituted abuse.

We observed that one person who answered the door to us on the day of our visit was subject to a deprivation of liberty under DoLS. This was due to their risk of absconding and their lack of understanding about road safety. We informed the senior in charge of this and they told us that staff were in the kitchen and came out as soon as they heard the bell, but the person using the service had already opened the door. This put the person at risk of harm. The senior staff member in charge told us that this had not happened before that day and that they would monitor this more closely in future. Therefore staff were not complying with the conditions as set out in the DoLS authorisation and care plan which states, 'must not be left alone, requires monitoring at all times when outside.' This put the person at risk of harm.

The above issues relate to a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Records showed that staff were subject to the necessary checks before being employed by the service, which included criminal record checks and references. However, we found none of the staff files we reviewed contained, for example, application forms or documentation to confirm identification. We asked the senior staff member in charge on the day of our visit about the missing documentation and were informed that they did not know where these were located. Following the inspection we spoke with the registered manager who told us that the missing documents were available as they always ensured that each applicant had identification, and notes of interviews were also kept. These were kept in a safe place as records were confidential and not accessible to staff. We asked the provider to send us information including copies of application forms, records of interview notes, confirmation of identification and risk assessments for staff with previous convictions before being employed. Following our inspection the registered manager submitted all the necessary documentation, including risk assessments completed at the time of employment for staff with previous convictions. This showed that an appropriate risk assessment had been carried out prior to applicants being appointed.

Risk assessments had been carried out in a number of areas such as risk to others, risk of absconding, self-harm, self-neglect, aggression and falls. Staff understood risks and how to manage them. For example they ensured the environment was free from obstructions to mitigate the risk of people falling. Risks contingency plans were in place for people, this detailed the signs staff should look for which would indicate that someone was having a relapse.

Feedback from some staff and people using the service indicated that they would benefit from additional staff as staff did not always have time to provide care. We reviewed the staff rota for the day of our inspection. This showed that two of the three rostered staff members were on duty. The third staff member had called in sick and the senior staff member on duty had arranged for another staff member from a neighbouring service to cover. In the interim the chef had started early to help out. There were two staff on duty at night. Some staff felt they could do with more staff to manage behaviours that challenged the service, however, one staff member told us "There is three staff on each shift, for the moment it works as people here are not with very high complex needs."

We recommend that the provider review staffing levels and clearly assess dependency levels for people living at the home.

## Is the service effective?

### Our findings

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA DoLS require providers to submit applications to a 'supervisory body' for authority to do so. Records showed that standard DoLS authorisations were in place for four people using the service, and these were all up to date.

Records confirmed that some staff had received training in August 2016 in areas such as first aid, health and safety, infection control, food hygiene and fire safety. However we found records for only eight out of 17 staff employed by the service. There were no records in place to show that any staff had received training in key areas such as safeguarding, MCA and DoLS, mental health and dealing with behaviours that challenged the service. One staff member who said they had not received training in MCA and DoLS, told us, "I think it's about how to deal with and communicate with people when their behaviour is challenging. I haven't received training in MCA and DoLS." Following the inspection the registered manager told us that staff had received training in safeguarding, MCA and DoLS, and although not available on the day of our visit, the trainer employed by the provider had since provided a number of certificates for training completed by staff. However, training had not been effective in for example, ensuring that staff understood their role in relation to the MCA and DoLS.

The above issues relate to a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We observed seven people having breakfast. The chef who had worked for the service for over 10 years told us that people had cereals and porridge for breakfast and at the weekends had a cooked breakfast. The chef told us, "People make requests and I ask them what they want to eat. People will inform staff or the chef if they want something else to eat which is not on the menu. If people change their minds I can make an alternative option."

Records showed that most staff had received recent supervision and an appraisal, this was confirmed by staff. Staff said they felt supported by their manager, one staff member told us, "Yeah [they] support me well." They also told us that the director was easy to talk to. Another staff member told us the registered manager was, "Very approachable and is helpful."

Dinner was prepared by the chef and breakfast and lunch prepared by staff. The chef told us that the food

budget was very good. Menus were displayed on a notice board in the dining room.

People had access to drinks and they told us that they were given choice. Menu options confirmed this and showed people were provided with a balanced diet of protein and vegetables. One person told us that staff reviewed, "Food choice every month at a meeting." They also told us that they had access to snacks and drinks when they wanted them. Another person who had previously lived at the home and who was now a regular visitor from a neighbouring service run by the same provider told us that there was, "Plenty," to eat and drink, and described the food as, "four star."

Staff knew people's dietary requirements in respect of their health. For example, one person who was a diabetic was given diabetic ice-cream. We observed that there were jugs of juices with glasses on the dining room table for people to help themselves when they wanted. One staff member told us, "I ask them [people] what they want to eat, such as on Sunday's I do full English breakfast and cook roast chicken, pork or lamb. I cook Christmas dinner." Another staff member told us, "Most days we buy fresh food."

Information about food allergies and side effects was available. There was a service user feedback book in the dining room. Fridge and freezer temperatures were checked and logged appropriately.

Records showed that the service worked in partnership with various health and social care professionals to ensure people's needs were met, such as the district nurse, community mental health team, consultant psychiatrist, dietitian, chiropodist and opticians.

## Is the service caring?

### Our findings

People told us that staff did a good job, "Most of the times." They also told us that they had a copy of their support plan which they had been asked to sign and been involved in creating. We saw that copies of people's support plans were in their rooms and most of these had been signed. Where people had not signed there was a note explaining that they did not wish to sign the support plan.

We observed some good interactions between staff and people using the service. Staff treated people with dignity and respected people's choices and privacy, this included knocking on people's bedroom doors before entering and speaking with people in a respectful manner. People were comfortable approaching staff and asking questions and discussing their needs. For example, we saw that one person had become anxious when speaking with staff about having a cigarette, staff responded in a caring and calm manner by explaining to the person what they would do and agreeing how they would support them. This person's support plan documented how staff should communicate with them. People were supported in line with their plan of care, for example one person who enjoyed drinking tea had this throughout the day and told us that they, "Always have tea."

We observed that people formed a queue for morning medicines by the medicines room, however this was not driven by the staff, this was the normal approach taken by people to taking their medicines. We spoke with the senior staff member in charge about this who told us that the layout and set up of the medicines room made this difficult to address this. This meant that people's privacy was not always maintained because people were able to hear what staff was saying to each person as they were being administered their medicines. Therefore people did not have their privacy respected.. Following our inspection the registered manager told us of their plans to extend the medicine room and office area to increase the space available to create more privacy for people.

Staff understood people's individual needs and how to support them. For example, one staff member told us how they encouraged people's independence "I supervise [person] when assisting with shower, [person] can dry [themselves] and wear [their] clothes on [their] own, ensure water temperature is not too cold or too hot... I always provide care in a good way, always respect their privacy, listen to them, respect their rights, maintain confidentiality."

People's independence was encouraged and this was evidenced in people's support plans. On the day of our visit we observed people independently going out into the community. One person who enjoyed doing the shopping for the home told us that they enjoyed going out and had prepared a shopping list. The person told us that they were interested in planning activities for the home which was confirmed by the senior staff member on the day of our visit. One person's care plan stated that, 'I don't like staff doing things for me. I want to be left to do things on my own. If I need any help I will always ask for it...It is important for me that I'm left to my own devices and make my own plans for each day.' One staff member told us, "I can encourage person to go out as in the past he wouldn't. Now he enjoys going out. If any issues, I go straight to the manager. I share good relationship with all the people here."

We found 'Do not attempt cardio-pulmonary resuscitation (DNACPR) forms' in people's files. These had been inappropriately signed by the deputy manager and had not been completed by a health professional (a DNAR (do not attempt resuscitation) form is a document issued and signed by a doctor, after discussion and agreement with the individual person, telling health professionals not to attempt cardiopulmonary resuscitation (CPR) should the need arise). We brought this to the attention of senior staff who told us that they would speak with the GP to get this correctly completed.

## Is the service responsive?

### Our findings

People took part in various activities. One person told us that they "Sometimes play bingo, play board games, go to the cinema, play computer games and go to church if I want to." Another person told us that they had been encouraged to gain qualifications and live independently.

Staff knew people well and were able to tell us about people's choices and preferences. One staff member told us, "I always give people choices in clothes when we go shopping if people have capacity they choose what they want." For example the staff member said they may suggest a different size for clothes. For people who did not have capacity, information about their preferences was documented in their care plan or family members would be asked. Records confirmed this.

Staff were able to tell us people's likes and dislikes, and this matched with what was in the care plans. The plans also took into account people's food preferences and dietary needs in accordance with their religion. One staff member told us, "I take people out to day centres, the park, and cinema. I liaise with staff at the day centre to ensure they are aware of people's food preferences and medicines." Records showed that some people attended their place of worship.

There was a monthly activities planner displayed on the notice board. Each person had a leisure and activities form which documented the type of activities they liked to take part in. For example, one person attended a day centre twice a week and joined in activities at the home, such as colouring and painting. Staff were aware of this person's needs in relation to their mental health and were able to tell us how this was managed.

People told us that they felt their well-being had improved since moving into the home. One person told us "Since coming here I have improved, I was a mess when I came here what I do now is different from when I came here."

People told us that monthly residents meetings were used to raise their concerns, they told us that they felt heard in these meetings. For example, after raising concerns about the food they did not like, this had improved. One person told us they used the meeting to discuss their "food choices and activities."

People were encouraged to maintain positive relationships. One person told us, "My family come to visit me and I feel it is safe for them to do so." We saw that people from the neighbouring supported living service run by the provider visited daily to socialise with people. Staff told us that one person liked to visit to have a chat with two other people who they got along with.

People had 'my support plan' which was person centred and contained each person's biography. This told a brief story about family connections and what they liked to do. The plan also provided information on the person's emotional and mental health, managing aggression and violence, physical health, self-care and living skills and social networks and relationships. Support plans also covered, 'things I want to achieve,' 'SMART steps to make it happen,' 'who is going to help,' and 'what I have achieved.' For example in one

support plan it documented that the person's desired outcome was to maintain current levels of independence, including 'enjoys planning their days out and taking responsibility.'

People's cultural needs were documented in their support plan. For example, one person's support plan talked about the language they spoke and their requirements for Halal meat; another gave information about the person's faith. For another person, their support plan stated that they liked to visit their place of worship.

The home had an activities room which included a pool table and gym equipment. We asked whether people used this area and staff told us, "This can be used, the leak that was found two months ago has been fixed, but people prefer going out rather than use the activities room. To change the mood I play music they like and dance with them."

On the day of our visit we observed some people going out into the community but there were no activities taking place. One staff member told us, "We are trying to improve activities, make them more varied." There was a system for dealing with complaints and a complaints policy was in place. We reviewed the complaints book which had started in January 2017 and saw that this included actions taken and outcomes.

There was a suggestion box at the entrance for people and their visitors to give their comments. One person told us, "Sometimes people cause friction and staff deals with this." Another person told us, "I am a very expressive person, I tell you straight."



# Is the service well-led?

## Our findings

At our inspection in October 2015 we found the service was not well managed. At our inspection in May 2016 we found the provider had made improvements. New quality assurance systems had been implemented, including quarterly and weekly audits. Care plans were audited every three months and weekly audits of medicines were carried out.

At this inspection we found the quality of the service had not been maintained and the quality assurance systems implemented by the provider had not always been effective. Audits were carried out but these had not identified the issues we found on the day of the inspection. We found gaps and inconsistencies in information on prescribed medicines and risk assessments. The system used to ensure that people received their medicines as prescribed was ineffective. The provider's current system required one member of staff to sign for medicines administered, and this would be later countersigned by a second member of staff. However, this had not ensured that people received their medicines as prescribed. For example, on the day of our inspection staff had signed one person's MAR to indicate a medicine had been given when this medicine was out of stock. The fridge used to store medicines required repairing as the temperature was consistently above the level expected. Although the maintenance log had identified this as an issue this had not been acted upon until our inspection. DNACPR forms had been incorrectly completed which meant the information could not be used in an emergency and put people at risk of receiving unsafe or inappropriate care and treatment.

A Pharmacy inspection in October 2016 identified issues relating to the recording and administration of medicines. Recommendations included the need to put in place proper management of repeat prescriptions, and to obtain an up to date copy of the British National Formulary (BNF - this provides an up to date practical guidance on prescribing, dispensing and administering medicines). The action plan produced by the provider following the pharmacy visit indicated that these actions had been completed, however, we found this was not the case and there were on-going issues regarding repeat prescriptions. This meant people missed their prescribed medicines due to these not being in stock and therefore put them at risk of becoming unwell. A new BNF had not been obtained. This meant that staff did not have access to up to date information and best practice guidance.

The above issues relate to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People spoke very highly of the registered manager stating that they would go to him if they ever wanted something as he would sort it out. People said they were able to express themselves in monthly residents meetings. One person told us, "We have regular meetings where we talk about activities and any concerns we have."

Staff told us that they felt comfortable approaching the registered manager with any concerns or suggestions knowing that this would be taken on board and acted on. One staff member told us that the registered manager was at the service every day, "I can approach him if not happy about something. He is

very approachable and listens to me." Other comments from staff included, "I am happy here and enjoy working here. I love my job and it's rewarding," and "We have meetings every three months e.g. I complained about the fan not working in the kitchen and he got it fixed."

On the day of our inspection the registered manager was on leave. We spoke briefly with them after the senior staff member in charge contacted him to get access to the staff files, which were locked away in the upstairs office. We met with the deputy manager and a senior staff member in charge on the day of our visit.

Following our inspection the registered manager submitted a continuous improvement plan which included improvements to the kitchen area, such as new stainless steel units, drawers and cabinets and an increase in the number of medicine audits. In addition there were plans to improve the layout of the medicine room and staff office to create more space.

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Service users were not protected from abuse and improper treatment because systems and processes were not established and operated effectively to prevent abuse of service users.</p> <p>Regulation 13 (1)(2).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did not receive appropriate training to enable them to carry out the duties they were employed to perform. Training had not been effective in ensuring that staff understood their responsibilities relation to key aspects of their role.</p> <p>Regulation 18 (1)(2)(a)</p>